

L22000523286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

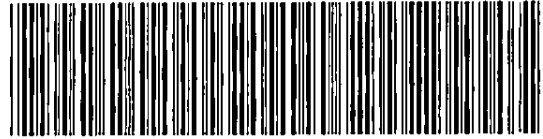
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100422726571

01/30/24--01013--019 **30.00

3/21/24
K-H

2024 MAR 12 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALEX PROFESSIONAL BARBERSHOP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMELO ARGUELLES FERNANDEZ

Name of Person

ALEX PROFESSIONAL BARBERSHOP LLC

Firm/Company

3009 US 92 SUITE #3

Address

WINTER HAVEN, FLORIDA 33881

City/State and Zip Code

jenniferdiaz708@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARMELO ARGUELLES FERNANDEZ

863

303-2460

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 MAR 12 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALEX PROFESSIONAL BARBERSHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/14/2022 and assigned
Florida document number L2200523286.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SMILE BARBERSHOP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3009 US 92 SUITE #3

WINTER HAVEN, FLORIDA 33881

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3009 US 92 SUITE #3

WINTER HAVEN, FLORIDA 33881

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JENNIFER L DIAZ LOPEZ

New Registered Office Address:

3009 US 92 SUITE #3

Enter Florida street address

WINTER HAVEN

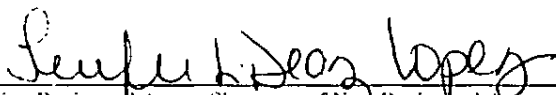
City

Florida

33881

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

FILED
2024 MAR 12 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARGUELLES, CARMELO A	3009 US 92 SUITE #3	<input type="checkbox"/> Add
		WINTER HAVEN, FLORIDA 33881	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	DIAZ LOPEZ, JENNIFER L	3009 US 92 SUITE #3	<input type="checkbox"/> Add
		WINTER HAVEN, FLORIDA 33881	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2020 MAR 12 AM 9:16
 SECRETARY OF STATE
 TALLAHASSEE, FL

