L23000054246

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C				
	BERSHOP LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	LUIS ROJAS			_
		Name of Person		_
	L.A BARBERSHOP LLC			
		Firm/Company		_
	1219 ZAMBRANA CT			
	· · · · · · · · · · · · · · · · · · ·	Address		_
	WINTER HAVEN FLORI	DA 33884		
		City/State and Zip Code		_
	LUISRZ09@GMAIL.COM			. ~
	E-mail address: (to be used for future annual	report notification)	2023 KAR
For further information	n concerning this matter, please ca	all:		第
LUIS ROJAS			206515	- 3 0
Name	e of Person	at () Area Code	Daytime Telephone Number	PH 3: 30
Enclosed is a check for	r the following amount:			- TE
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en	Certification (Certification)	ate of Status &
Mailing Add Registration		<u>Street A</u> Registi	Address: ration Section	
Division of	Corporations	Divisio	on of Corporations	
P.O. Box 6	327	The Co	entre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L.A BARBERSHOP LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	n 01/30/2023 and assigned
lorida document number L23000054246	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :
he 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:	- <u> </u>
Principal office address MUST BE A STREET ADDRESS)	The Frank
	. · O
Enter new mailing address, if applicable:	173
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address: Ente	r Florida street address
	Florida
City	, Florida Zip Code

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 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>	Address	Type of Action
MGR	PINEDA ALEXANDER	1210 ZAMBRANA CT WINTER HAVEN	🗀 Add
		FLORIDA 33884	🖹 Remove
			□Change
			□Add
			□Remove □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
		اران النان آران	30 S S S
			☐ Change
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Effective date, if other than the lift an effective date is listed, the date inserted in this document's effective date on the	must be specific and cann s block does not meet t	the applicable statu	filing or more than 90 days after	
e record specifies a delayed effected is filed.	ctive date, but not an e	ffective time, at 12	:01 a.m. on the earlier of: (
MARCH	27	7/2023		5
Dated MARCH	. 27	7/2023		1023 HAR 30 PM

Typed or printed name of signee