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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

MORGAM SUBJECT:	'S BARBER SCHOOL LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GERUSA YOUNES		
		Name of Person	
	 	Firm/Company	
	4611 N FEDERAL HIGH	WAY, SUITE 619	
		Address	
	POMPANO BEACH, FL.	33064	2023 SEA
	mauriciomoreira@morgams	City/State and Zip Code sbarberschool.com	2023 MAR SECTION
	_	to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
GERUSA YOUNES		561 990 6046 at ()	PH 1: 50
Name o	f Person	Area Code Daytime Telephone	e Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporations	
P.O. Box 632	.7	The Centre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORGAM'S BARBER SCHOOL LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/01/2023	and assigned
Florida document number 1.23000059532	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	P23
		N I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		SO STEE
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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
CEO	MAURICIO MOREIRA SILVA	4611 N FEDERAL HIGHWAY, SUITE 619	= Add
		POMPANO BEACH, FL 33064	□Remove
			□ Change
			🗆 Add
			□Remove
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