L23000178212

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	-
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
	٠	

Office Use Only



300409103973

05/19/23--01028--029 **25.00

2023 SEP - I AM 8: 05 SECTEDARY DE STATE



FILEU

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Vinta	ar Cuts Ll	_C	
3(Bage1:4////	Name of Lim	ited Liability Company	
		,	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		2	
	Tyrone Ri	iccell	
	111110	Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	LOUID AL aux	anti-liana ant	- iiil
	1040 Aberr	nathy lane apt	. 117
	Apopka	FL 32703 City/State and Zip Code od barber co @ gma to be used for future annual report notifi	
	the longue	od barber ca @ ama	il.com
	E-mail address: (to be used for future annual report notifi	cation)
For further information con-			
T1	Durant	1157 0711	1.5011
Name of P	Russell	at (<u>407</u>) <u>274</u> -	Telephone Number
(Value VV)	CI SKII	Their civile Daytime	Telephone (Value)
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	-	Fig. 60 Ciling Co. P.	(7) \$40.00 Uiling Uag
₩ \$25.00 Filing rec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Matter Address		Street Address:	
Mailing Address: Registration Sec	ction	Registration Sec	tion .
Division of Cor	porations	Division of Corp	oorations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vintage Cut:		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000178212</u>	Company were filed onAPrill!	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim		
The Longwood Barber (The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 2023 SEP - I AM 8: SECRETARY OF ST TALL MHASSEE.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	F 01 -1	
	Enter Florida street ad	ldress
	City	, Florida Zıp 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
			□Remove
			□Change
 			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change

	purpose					
						
						
	· · · · · · · · · · · · · · · · · · ·					
	•					
		·······	·			
. <u></u>						
	 .					
e, if other than t	the date of filing:				(optional)	
ate is listed, the date i	must be specific and ca s block does not mee	nnot be prior	to date of filing able statutory i	or more than 90 da Iling requiremen	ys after filing.) Pur its (this date will	rsuant to 605.0207 (Enot be listed as t
				B. radamana		
fies a delayed effec	ctive date, but not an	effective ti	me, at 12:01 a	m. on the earlie	r of: (b) The 90	th day after the
1						
6/23/) / /] /				
		i ()	·			
1, yeur	Lue!	1		_,		
//	Eignature of a mer	niber or autho	orized representa	itive of a member		
Tv	rone Ruce	011				
1	late inserted in this frective date on the free a delayed effective and delayed effectiv	date inserted in this block does not mee ffective date on the Department of State fies a delayed effective date, but not an eignature of a mee	date inserted in this block does not meet the applic fleetive date on the Department of State's records. flees a delayed effective date, but not an effective to bignature of a member or authorized and the block does not meet the application of the application	date inserted in this block does not meet the applicable statutory frective date on the Department of State's records. free a delayed effective date, but not an effective time, at 12:01 a. Figurature of a member or authorized representation of the content of	date inserted in this block does not meet the applicable statutory filing requirement flective date on the Department of State's records. fles a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier light and the light and light an	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put date inserted in this block does not meet the applicable statutory filing requirements, this date will flective date on the Department of State's records. fles a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 member of a member or authorized representative of a member

Filing Fee: \$25.00