Division of Corporations 5/31/23, 2:42 PM

> Note: Please print this page and usely as acover sheets lype (shown below) on the top and bottom of all pages of the document.

> > (((H23000197965 3)))



H230001978853ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

Account Number : 120020000154 : (954)712-5119 : (954)523-2872 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE MEN'S BEARD COMPANY LLC

Certificate of Status	
Certified Copy	1
Page Count	03
	\$55.00
Estimated Charge	

Electronic Filing Menu

Corporate Filing Menu

T. LEMEDX JUN - 1 2023 ווחו או בטבט שבט טביטו ווו

1, 00

DocuSign Envelope ID: A8432C03-23FF-4E22-BFDE-8586198C0DC1
ARTICLES OF AMENDMENT
H23000197965 3 ARTICLES OF ORGANIZATION

company has been notified in writing of this change.

ARTICLES OF ORGA OF		
;	/II.C.	
THE MEN'S BEARD COMPAN	now appears on our records.)	
(Name of the Limited Liability Company as it	Company)	
V	May 12, 2023	and assigned
ne Articles of Organization for this Limited Liability Company were	filed on	and designed
Articles of Organization for this 200000		
orida document number <u>L23000236328</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability o	ompany here:	
The Men's Authority Company LLC	St. 1 C'll oe th	abbreviation "L.L.C."
The Men's Authority Company LLC The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LUC" of the	A MEN ALL LIEU.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Principia office and		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining duaress have been		
B. If amending the registered agent and/or registered office add	ress on our records, enter the	name of the new regist
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		· <u></u>
agent and/or the new registered office		No.
		202
Name of New Registered Agent:		• -
<del></del>		
New Registered Office Address:	Enter Florida street address	· <u> </u>
	, Florid	la
	City	Zip Code
	City	्र <sub>े</sub> : प्र
New Registered Agent's Signature, if changing Registered Agent:		N
New Registered Agent 2 States	to act in this capacity. I furth	er agree to comply wil
New Registered Agent's Signature, if changing Registered agent and agree  I hereby accept the appointment as registered agent and agree  provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions of all statutes relative to the proper and complete provisions are registered agent as provisions.	erformance of my duties, and	l am familiar with and
and the of all cianties relative to the property	- it is to be Chantar 600 to	( )r ij (rii) uocamom
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a being filed to merely reflect in variting of this change.	ddress, I hereby confirm that i	ine umiteu tiaviiriy

If Changing Registered Agent, Signature of New Registered Agent

05/31/2023	11:56 AM	T0:18506176383	FROM: 3059281116

9281116 Page: 3

naı	JI	دندي	MED	UC + 30	111

וימע וזטי

I. UJ

H23000197965	4	2300	00	19	7965	; 3
--------------	---	------	----	----	------	-----

H23000197965 3

H23000197965 3

H23000197965 3

H23000197965 3

Or removed from our records:

or Leinoven I	roll diff recover.		
MGR = Ma $AMBR = Au$	nager thorized Member		Type of Action
<u>Title</u>	<u>Name</u>	<u>Address</u>	
			🗆 Add
	<del></del>		□Remove
			☐ Change
			🗆 Add
			Change
			□Remove
			Change
			□Add
			Remove
			□Add
			□Remove
			Change
			Петюче

	ruv no:	1, 04
cuSign Envelope ID: A6432C03-23FF-4E22-BFDE-85861	98C0DC1	
123000197965 3	haros (Attach additional sheets, if necessary.)	
D. If amending any other information, ente	r change(s) here: (Anach additional sheets, if necessary.)	
		-
		<del>-</del>
<del> </del>		_
		_
		_
		_
		_
		_
<del></del> -		
-		
E. Effective date, if other than the date of (If an effective date is listed, the date must be spender: If the date inserted in this block document's effective date on the Department.	of filing:	o 605.0207 (3Xt e listed as the
		after the
If the record specifies a delayed effective date, record is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	anei me
May 31	2023	
Dated	Juan Carlos Quintana	
	Turn Carlos Quintana	_
Signa	TUTE Of a MEMBER 201 authorized representative of a member	
	Juan Carlos Quintana	
	Typed or printed name of signee	

05/31/2023 11:56 AM T0:18506176383 FROM:3059281116 Page: 4

H23000197965 3