L23000340665

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COVER LETTER

Division of Corporations JIREH'S BARBERSHOP, LLC SUBJECT: 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: MARIA VASQUEZ DE CORREIA Name of Person JIREH'S BARBERSHOP, LLC Firm Company 3703 7TH ST SW Address LEHIGH ACRES E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA VASQUEZ DE CORREIA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO

1.	U	25		
ARTICLES OF O	RGANIZATION	2023		
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JIREH'S BARBERSHOP, LLC		6		
				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	liability Company)	7.2		
		را ۱۲		
he Articles of Organization for this Limited Liability Company	were filed on 07/19/2023	and assigned		
Florida document number L23000340665				
This amendment is submitted to amend the following:				
his afficient is submitted to afficile the following.				
A. If amending name, enter the new name of the limited liabi	ility company here:			
x. If amending name, enter the new hathe of the numbed hath	mes company nere.			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."		
	3813 PALM BEACH BLVD			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	FORT MYERS, FL 33916			
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
Studing duaress MAT DE A FOST OFFICE DON				
3. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new registe		
ngent and/or the new registered office address here:	<u> </u>			
igent and/or the new registered office address here.				
gent and/or the new registered office address here.				
Name of New Registered Agent:				

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.

Cire

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>	Type of Action
MGR	MARIA VASQUEZ	3703 7TH ST SW	= Add
		LEHIGH ACRES, FL 33976	□Remove
AMBR	VICTOR CORREIA DELGADO	3703 7TH ST SW	■Add
		LEHIGH ACRES. FL 33976	□Remove
			∐Change
			Add
			Add 2023 31111 Remove
			Change
			□Remove
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ective date, if other effective date is listed, the	than the date of filin	ig:d cannot be prior to	o date of filing or n	ore than 90 days af	otional) Acr filing.) Pursu	ant to 605,020
	I in this block does not a continuous of the Department of the second of		ole statutory mir	ig requirements. t	ms date with	or be fisted a:
cord specifies a delaye s filed.	ed effective date, but no	t an effective tin	ne. at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
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