L23000456483

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COVER LETTER

TO:

Registration Section Division of Corporations

MICHEI SUBJECT:	LET UNISEX BARBERSHOP L	LC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Standley Tilerin			
	M	Name of Person		
	Tax Resolution Centre			
		Firm/Company		
	935B S. STATE RD 7			2023 OC
		Address		000
	PLANTATION /FL/3331	7		2023 OCT 11 PM 2: 35
		City/State and Zip Code		- <u>p</u>
	treplantation@gmail.com			5:
For further information	E-mail address: (n concerning this matter, please o	to be used for future annual report not	irfication)	35
Standley Tilerin	t concerning this matter, prease c	954 299-0375		
Name	e of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Certificate of Certified Copy (additional copy)	Status & y
Mailing Addi Registration Division of		Street Address: Registration Se Division of Co		
P.O. Box 6		The Centre of		
Tallahassee	, FL 32314	2415 N. Monro	oe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MICHELET UNISEX BARBERSHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on L23000456483

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MICH UNISEX BARBERSHOP LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

R. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
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Filing Fee: \$25.00