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COVER LETTER

TO:	Registration Se Division of Cor			:		
CHID H	° PENSACO	LA BARBER SOCIETY LLC	•			
SUBJI	.C1:	Name of Lin	nited Liability Company			
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Luis Flores				
			Name of Person			
		ZenBusiness INC				
Firm/Company 336 E. College Ave Suite 301 Address Tallahassee, FL 32301 City/State and Zip Code						
		fulfillment@zenbusiness.co E-mail address: (to be used for future annual report notifical	tion)	13	
For fur	ther information co	oncerning this matter, please c	all:		2023 HOY -7 SECILLARD	7
c/o Ze	enBusiness INC		844 493-6249 at ()			ر دیده ، م دیدینه
	Name o	f Person		dephone Number	7 AM 8:	
Enclos	ed is a check for th	ne following amount:			28 ATE	
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	Certified	e of Status &	

Mailing Address: 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 ARTICLES OF ORGANIZATION OF

PENSACOLA BARBER SOCIETY 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 fi	led on 2023-10-13 and assigned
Florida document number 1.23000472083	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
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)	
B. 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:	
	. S.
Name of New Registered Agent:	
New Registered Office Address:	FAT 28
	Enter Florida street address
	Florida
Cip	
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
MGR	Kevin Legaspi	6047 unbridled loop	■Add
		Pensacola , FL 32526	□Remove
			□ Change
			☐ Add
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ecord specifies a delayed effectivis filed.	ve date, but no	ot an effective t	ime, at 12:01 a	.m. on the earlier	of: (b) T	he 90th da	y after the
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/s/ LEGASP	1, 121, 7111			ative of a member			