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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUD IEC		ing Academy LLC		
SUBJEC	Л:			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Disnet Riveron-Perdomo		
			Name of Person	
		The Barbering Academy L	LC	
			Firm/Company	
		10442 NW 31st Terrace		
		Riveron@thebarberingacade	emy.com	
		E-mail address: (to be used for future annual report notific	ation)
For furth	er information c	concerning this matter, please c	all:	
Disnet R	iveron-Perdomo		305 454-1234 at ()	2024 SECI
	Name o	of Person	Area Code Daytime	TA TOTAL TAR
Enclosed	l is a check for th	he following amount:		
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	ion
	Registration : Division of C		Registration Sect Division of Corpo	
	P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Barbering Academy LLC				
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com Florida document number L23000526260		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>	25. 28		
		de ±		
Enter new mailing address, if applicable:	4.0			
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flori	da		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered A	Agent:			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and nt as provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Juan Carlos Perdomo	10442 NW 31st Terrace. Doral FL 33172	
			Remove
			□Change
			□ Add
		11-11-2-11	□ Remove
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ective date, if other than the dat effective date is listed, the date must be	e of filing:	be prior to date of	filing or more than	(optiona 90 days after filir	il) ng.) Pursuant to	605.02
te: If the date inserted in this block ument's effective date on the Depart	does not meet the	e applicable statu	tory filing requir	ements, this da	te will not be	listed
unione's effective date on the Exepair	mem or since s	ccords.				
cord specifies a delayed effective da	c, but not an effe	ective time, at 12	:01 a.m. on the e	arlier of: (b)	The 90th day	after t
s filed.	\wedge	\circ				
October 24	2024	:				
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	ature of a member		esentative of a me			_

Filing Fee: \$25.00