

L24000026903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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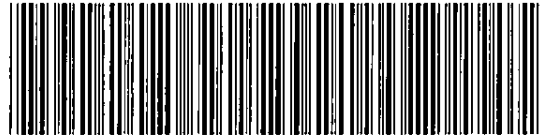
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

25

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cassa Barber LLC  
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:

Yvens Cassomajor  
Name of Person

\_\_\_\_\_  
Firm/Company

1785 NW 77th AVE  
Address

Pembroke Pines FL 33024  
City/State and Zip Code

Yvens 24 @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yvens Cassomajor at (786) 306-6809  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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

FILED

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Cassa Barber L.L.C.

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

CLASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on January 12, 2024 and assigned Florida document number 124000026903

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1135 Sunset Ave  
Springfield OH 45505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1785 NW 77th Ave  
Pembroke Pines FL 33024

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:

Name of New Registered Agent:

Kerline Augusta

New Registered Office Address:

1785 NW 77th Ave

Enter Florida street address

Pembroke Pines, Florida 33024

City

Zip Code

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.*

Kerline Augusta  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yvens Cassamagne	1785 NW 77 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines Fl	<input type="checkbox"/> Remove
		33024	<input type="checkbox"/> Change
MGR	Kerline Auguste	1785 NW 77 <sup>th</sup> Ave	<input checked="" type="checkbox"/> Add
		Pembroke Pines Fl	<input type="checkbox"/> Remove
		33024	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/3/24

  
Signature of a member or a

Signature of a member or authorized representative of a member

YVES CASAMAJOR  
Typed or printed name of sign

Typed or printed name of signee