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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06/04/24 --01007--000 **25.00

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24 JUN -4 PM 1:51
CLERK OF DISTRICT COURT
CLERK OF DISTRICT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evolution Cuts Barbershop LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Flores
Name of Person

Evolution Cuts Barbershop LLC
Firm/Company

105 S. US Highway 301
Address

Tampa FL 33619
City/State and Zip Code

evolutioncuts24@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Flores at (813) 316-8662
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Evolution Cuts 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 1/16/2024 and assigned Florida document number L2400008711.

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 "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)

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24 JUN -4 PM 1:51
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

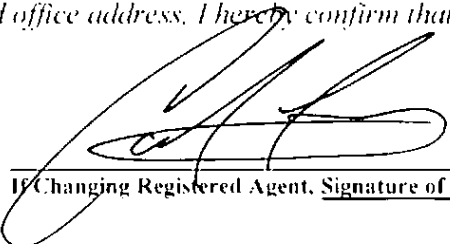
Florida

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.


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>
<u>AP</u>	<u>Carlos A. Flores</u>	<u>105 S US Highway 301</u>	<input type="checkbox"/> Add
		<u>ste. 109 Tampa FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33619</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Carlos A. Flores</u>	<u>105 S US Highway 301</u>	<input checked="" type="checkbox"/> Add
		<u>ste. 109 Tampa FL 33619</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Carlos A. Flores as AP

Please add Carlos A Flores as MGR.

Please add EIN # 99-0703306

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/23/2024

Signature of a member or authorized representative of a member

Carlos A Flores

Typed or printed name of signer

Mail body: LLC

Florida Limited Liability Company
EVOLUTION CUTS BARBERSHOP LLC

Filing Information

Document Number	L24000026711
FEI/EIN Number	99-0703306 99-0703306
Date Filed	01/16/2024
Effective Date	01/13/2024
State	FL
Status	ACTIVE

Principal Address

105 S US HIGHWAY 301
SUITE 109
TAMPA, FL 33619

Mailing Address

105 S US HIGHWAY 301
SUITE 109
TAMPA, FL 33619

Registered Agent Name & Address

FLORES, CARLOS A
105 S US HIGHWAY 301
SUITE 109
TAMPA, FL 33619

Authorized Person(s) Detail

Name & Address

~~THOMAS~~ Correct MGR

FLORES, CARLOS A
105 S US HIGHWAY 301 STE 109
TAMPA, FL 33619

Sent from my iPhone