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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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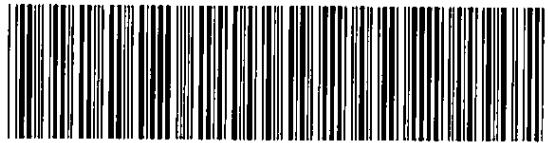
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\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Haines City Barber Shop 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:

Alexis Soto Mendez  
Name of Person

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

5570 US-92 Unit B  
Address

Haines City FL 33844  
City/State and Zip Code

Alexissoto037@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Soto Mendez at (863) 662-8214  
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 &<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**

Haines City 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 1/29/2024 and assigned Florida document number L24000054338

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)

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:**

Name of New Registered Agent:

Alexis Soto Mendez

New Registered Office Address:

5570 US-92 Unit B

Enter Florida street address

Haines City FL

City

Florida 33844

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.*

Alexis Soto Mendez  
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>
AMBR	Alexis Soto Mendez	5570 US-92 Unit B	<input checked="" type="checkbox"/> Add
		Haines City FL 33844	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dhalma y. Soto	5961 Calamaron Ave.	<input type="checkbox"/> Add
		Haines City FL 33844	<input checked="" 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.)

Hello,  
I would like to Remove the Name of  
Dhalma y- Soto From Title Ap. I would like  
my Name Alexis Soto Mendez to be Added  
as Authorized to Manage LLC. IF you have  
any questions Feel Free to Contact me  
at 843-662-8214.

Thank you

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 May 27 , 2024 .

Alexis Soto Mendez

Signature of a member or authorized representative of a member

Alexis Soto Mendez

Typed or printed name of signee

Filing Fee: \$25.00

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

**L24000054333  
FILED 8:00 AM  
January 29, 2024  
Sec. Of State  
nculligan**

**Article I**

The name of the Limited Liability Company is:  
HAINES CITY BARBER SHOP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5570 US-92  
UNIT B  
HAINES CITY, FL. 33844

The mailing address of the Limited Liability Company is:  
5961 CATAMARAN AVE.  
HAINES CITY, FL. 33844

**Article III**

The name and Florida street address of the registered agent is:  
ALEXIS SOTO MENDEZ  
5961 CATAMARAN AVE.  
HAINES CITY, FL. 33844

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ALEXIS SOTO MENDEZ

#### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: AP  
DHALMA Y SOTO  
5961 CATAMARAN AVE.  
HAINES CITY, FL. 33844 UN

L24000054333  
FILED 8:00 AM  
January 29, 2024  
Sec. Of State  
nculligan

#### **Article V**

The effective date for this Limited Liability Company shall be:

02/01/2024

Signature of member or an authorized representative

Electronic Signature: ALEXIS SOTO MENDEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.