L24000073266

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TO:

	Registration So Division of Cor				
SHRIFC		BARBERSHOP LLC			
SUBJECT: Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		ROMEO EDWARDS			
			Name of Person		
			Firm/Company		
4200 NIMONS ST					
			Address		
		ORLANDO, FL 32811			
			City/State and Zip Code		
		jr081378@gmail.com		· · · · · · · · · · · · · · · · · · ·	
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)	
Romeo E	dwards	_	321 663-5160		
	Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:			
Registration Section Division of Corporations		•	Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 FADES BARBERSHOP LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co lorida document number L24000073266	impany were filed on February 9, 2024	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		~-4
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the na</u>	me of the new registe
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>	Address	Type of Action
AR	Romeo Edwards	4200 Nimons St, Orlando, FL 32811	□Add
			■Remove
			(Change
MGR	Manager	4200 Nimons St, Orlando, FL 32811	■Add
			□Remove
			Change
			□Add
			□Remove
		····	Change
			□Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ April 19 2023 Signature of a member or authorized representative of a member Romeo Edwards Typed or printed name of signee

Filing Fee: \$25.00