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COVER LETTER

TO:

Registration Section Division of Corporations

outpurct.	ROMEO BARB	EER SHOP LLC
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.
	ndence concerning this matter	
		KESNEL EXIL
		Name of Person
	комео ва	RBER SHOP LLC
		Firm/Company
	15158 NE 6TH AV	ZENUE .
		Address
	MIAML, FLORID	A . 33162
		City/State and Zip Code
	Romcolouis004@gmail.com	
	F-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please c	all:
KESNEL EXIL		717 963-5389 at ()
Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee
Tallahassee,		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROMEO BARBER SHOP			
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Lia	bility Company	were filed on MARCH 27 2024	and assigned
orida document number 1.24000149602			
his amendment is submitted to amend the follow	wing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applica			21
Principal office address MUST BE A STREET		10900 NW 12TH AVENUE	
menal office address most and an armine	71127	MIAMI, FLORIDA, 33167	$\omega = \omega$
nter new mailing address, if applicable:			型 型 ³
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			3
8. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			name of the new regis
New Registered Office Address:		Enter Florida street address	<u></u>
		, Flori	da

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

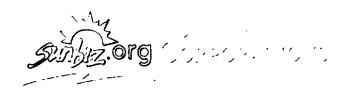
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	KESNEL EXIL	10900 NW 12TH AVENUE ,MIAMI FL., 33167	🗆 🗀 Add
			Remove
			□Change
MGR	KESNEL EXIL	10900 NW 12TH AVENUE MIAMI FL . 33167	[]Add
			Change
MGR	JOHANNE PIERRE	10900 NW 12TH AVENUE ,MIAMI FL., 33167	FlAdd
			Remove
			LlChange
			DobA
			=Remove
			🗆 Change
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			Remove
			i_lChange
			□Add
			TRemove
			□Change

IN THE REGISTE	RED AGENT. THE IS EX	GL KESNEL :	NEED TO BE CO	RRECTED TO:	
KESNEL EXIL	AS IT ON CEO TITU	THANK YOU			
					
<u></u>	,				
		<u>-</u>		-	
				· <u>-</u>	
				- -	
					
		<u> </u>			
fective date, if other	than the date of filing:	:		(option	nal)
in effective date is listed. If the date inserte	the date must be specific and o d in this block does not mo	cannot be prior to d cet the applicable	late of filing or more b statutory filing re	than 90 days after f quirements, this	iling.) Pursuant to 605.01 date will not be listed
cument's effective dat	e on the Department of St	ate's records.		•	
	ed effective date, but not a	in effective time	, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
is filed.					
03 27/		2024			
ited	,				
	Signature of a m	ember or authorize	ed representative of:	ı member	
		/3			

Filing Fee: \$25.00



State of the Bound to Sex to Employ of

Detail by Entity Name

Florida Limited Liability Company ROMEO BARBER SHOP LLC

Filing Information

Document Number

L24000149602

FEI/EIN Number

NONE

Date Filed

03/27/2024

Effective Date

03/28/2024

State

FL

Status

ACTIVE

Principal Address

15158 NE 6TH AVENUE NORTH MIAMI, FL 33016-2

Mailing Address

10900 NW 12TH AVENUE

MIAMI, FL 33167

EXIL, KESNEL Need to be consected as it on CEO 11/10

10900 NW 12TH AVENUE

MIAMI, FL 33167

Authorized Person(s) Detail

Name & Address

Title CEO

KESNEL, EXIL

10900 NW 12TH AVENUE

MIAMI, FL 33167

Title MGR

JOHANNE, PIERRE, MGR 10900 NW 12TH STREET

MIAMI, FL 33167

Annual Reports

No Annual Reports Filed