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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations					
Gringos C	utz LLC					
SUBJECT:		ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Xavier Zuluaga Viera					
	-	Name of Person				
	NZipac Accounting					
	<del></del>	Firm/Company				
	685 Ascot Cir.					
	Address					
	Orlando, FL 32825					
		City/State and Zip Code				
	xziapcaecounting@yahoo.c	to be used for future annual report not	Management .			
For further information	concerning this matter, please e	•	(incarrent)			
	timeering this matter, prease c					
Xavier Zuluaga Viera		407 421-5860 at ()				
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25,00 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: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 633			The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gringos Cutz LLC	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on 8/5/24 and assigned
Florida document number 1.24000351297	·
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
407 Barbershop LLC	
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:	26
(Principal office address MUST BE A STREET AD	DRESS)
	: 
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her  Name of New Registered Agent:	ered office address on our records, <u>enter the name of the new reg</u> i <u>e</u> :
New Registered Office Address:	Emer Florida street address
	, Florida
	City Zip Code

New Registered Agent 9 Signature, it 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		
		<del></del>	□Add		
			⊑Remove		
			□Change		
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Effective date, if other than	ı the date of fili	ng:		(option	al)
If an effective date is listed, the dat	e must be specific a	and cannot be prior	to date of filing or m	ore than 90 days after fil	ing.) Pursuant to 605,0207 (
Note: If the date inserted in the document's effective date on t	us block does not be Department of	i meet the applic ('State's records	able statutory film	g requirements, this d	ate will not be listed as t
and the content of the care on the	the tropationess to	pare browning.	•		
	Santana dan Kabupatèn	an an official of			The Oost day of and
e record specifies a delayed eff rd is filed.	ective date, but n	or an effective ti	me, at 12:01 a.m. (	on the eartier of: (b)	the 90th day after the
August 16 Dated		2024			
		- · <del></del>	$\rightarrow$		
			orized representative		

Filing Fee: \$25.00

Typed or printed name of signee