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URBAN STYLE BARBERS, LLC. FILE # L24000367895

JASON BAKER 7157 OAK GLEN TRAIL HARMONY, FL 34773 407-744-6030

COVER LETTER

TO:

	Registration Se Division of Cor					
CHD IE		TYLE BARBERS, LLC				
SUBJEC	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		JASON BAKER				
			Name of Person			
			Firm/Company			
		7157 OAK GLEN TRAIL				
			Address	· · · · · · · · · · · · · · · · · · ·	24,	
		HARMONY, FL 34773		1.* .:	24 SEP 13	
	City/State and Zip Code				<u>.</u> .	
		ceo@motiv8.cc			<u>.</u>	
		E-mail address: (to be used for future annual report notificati	on)		
For furth	er information c	oncerning this matter, please c	all:	i i i i i i i i i i i i i i i i i i i	5: 37	
JASON BAKER 407			at ()	·:		
	Name o	d'Person	Area Code Daytime Tel	ephone Number		
Enclosed	is a check for the	he following amount:				
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	of Status &	
Mailing Address: Registration Section			Street Address: Registration Section	n		
Division of Corporations		Corporations	Division of Corpora	ations		
P.O. Box 6327			The Centre of Talla		.	
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBAN STYLE BARBERS, LLC

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit Florida document number L24000367895	ty Company were filed on $\frac{08/21/2024}{}$ and assigned
This amendment is submitted to amend the following	<i>y</i> :
A. If amending name, enter the new name of the l	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 AD	ODRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	2
3. If amending the registered agent and/or registengent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registe</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Factor Elavida atau e del
	Enter Florida street address
- -	

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
MGR	JASON BAKER	7157 OAK GLEN TRAIL	■Add
		HARMONY, FL 34773	
			□Change
			□Add
			□Remove
			Change
	*****		□Add
			Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			
	<u> </u>		Add
			□Remove
			□Change
			□Add
			□Remove
			ПСЬ

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (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

September 9th 2024

Constrain Chavez Sep 9, 2024 21 49 CDT)

Signature of a member or authorized representative of a member

CRISTIAN CHAVEZ

Typed or printed name of signee

Filing Fee: \$25.00