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(Requesto	or's Name)	
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(Address)		
(City/State	e/Zip/Phone #)	
(4.1)	,	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing	 Officer.	
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COVER LETTER

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TO:		istration Sect sion of Corpo		
CUDICA	cur.	STATUS BA	RBER SHOP LLC	
Name of Limited Liability Company				ited Liability Company
The encl	losed	Articles of A	mendment and fee(s) are sub	omitted for filing.
Please re	eturn	all correspond	lence concerning this matter	to the following:
			Shawn M	Name of Person
				Firm/Company
			3551 Blair	Stone Rd Ste 105-144 Address
			Tallahassee	FL 32301 City/State and Zip Code Tell 8813@amail.com (to be used for future annual report notification)
			Shawnmun E-mail address: (to be used for future annual report notification)
For furth	her ir	formation con	cerning this matter, please c	all:
	وطر	Name of F	ussell Person	at (850) 210 - 7139 Area Code Daytime Telephone Number
,			following amount:	
1 \$25	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div P.C	ling Address: gistration Se vision of Co b. Box 6327 lahassee, FI	rporations	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

STATUS BARBER SHOP LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on 2/2/2025 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)	2 12 UN
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the name of the new re
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
Mgr	SHAWN MURRELL	3551 BLAIR STONE RD STE 105-144	■Add
		TALLAHASSEE FL.32301	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
	_		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idecument's effective date on the Department of State's records. 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 cord is filed. Dated		ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated Jan. 10 . 2025 . Signature of a member or authorized representative of a member SHAWN MURRELL	(If an effectiv <u>Note:</u> If th	e 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
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SHAWN MURRELL	Dated	Shum Mund
		SHAWN MURRELL Typed or printed name of signee

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Filing Fee: \$25.00