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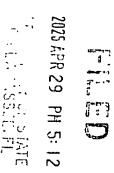
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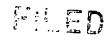
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COVER LETTER

	BARBE	R SHOP LLC			
T:		Name of Lim	ited Liability Company		
osed Artic	cles of A	amendment and fee(s) are sub	mitted for filing.		
turn all co	orrespon	dence concerning this matter	to the following:		
		ALEJANDRO F DE ARM	AS		
			Name of Person		
		AD BARBER SHOP LLC			
			Firm/Company		
		2505 SW 1ST STREET			
			Address		
		CAPE CORAL, FL 33991			
			City/State and Zip Code		
	.,			1011)	
er inform	ation co	ncerning this matter, please ca	ш		
ALEJANDRO DE ARMAS		AS	786 586-3016 at ()		
	Name of	Person	Area Code Daytime Te	lephone Number	
is a chec	k for the	e following amount:			
00 Filing	Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		-	Street Address: Registration Section	en	
Division of Corporations			Division of Corporations		
				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2025 APR 29 PM 5: 12

AD BARBER SHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/24/2025}{2}$ _____ and assigned Florida document number _____1.25000093267 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EL BALON DE ORO BARBERSHOP LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if	other than the date of filing: (optional)
(If an effective date is Note: If the date i	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 (inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ve date on the Department of State's records.
the record specifies a cord is filed.	t 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 med.	۸
APRIL 17 Dated	2025
Dated	·
	Signature of a member or authorized representative of a member
ALEJA	ANDRO F DE ARMAS
	Typed or printed name of signee

Filing Fee: \$25.00