

KZ1000093798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

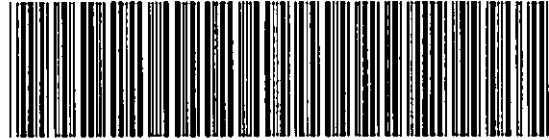
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21 MAY 13 AM 9:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARVOL SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karime Volaric

Name of Person

BARVOL SERVICES LLC

Firm/Company

3901 Nw 79th Ave, Ste 245 #3199

Address

Miami, FL 33166

City/State and Zip Code

karime.volaric@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karime Volaric

786

407-7262

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

21 MAY 13 AM 9: 52

BARVOL SERVICES 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 February 25, 2021 and assigned Florida document number L21000093798.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the 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 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 _____

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

2013
MAY 21 09:52 AM
STATE OF FLORIDA
SUNSHINE STATE

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAY 13 AM 9: 52	<u>Type of Action</u>
AMBR	Edmundo Barrientos	3901 Nw 79th Ave. Ste 245 #3199		<input type="checkbox"/> Add
		Miami, FL 33166		<input checked="" type="checkbox"/> Remove
				<input type="checkbox"/> Change
AMBR	Maximiliano Barrientos	3901 Nw 79th Ave. Ste 245 #3199		<input checked="" type="checkbox"/> Add
		Miami, FL 33166		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
				<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
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