

12/21/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L00000016087**

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(((H16000312300 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : THE NYE-SCHMITZ LAW FIRM, P.A.  
Account Number : 120150000128  
Phone : (239)210-5088  
Fax Number : (239)300-9941

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARTHELMESS FLORIDA, L.C.

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0 SIGNATURES

DEC 22 2016

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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

Bartheimess Florida, L.C.

(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 12/20/2000 and assigned  
 Florida document number L00000016087

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:

3447 Pine Ridge Road, Suite 101

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34109

Enter new mailing address, if applicable:

3447 Pine Ridge Road, Suite 101

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34109

**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:

Nye-Schmitz Law Firm, P.A.

New Registered Office Address:

3447 Pine Ridge Road, Suite 101

Enter Florida street address

Naples

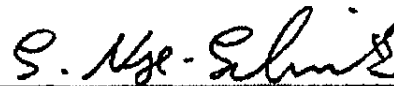
Florida 34109

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

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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

| Title | Name                  | Address                         | Type of Action                             |
|-------|-----------------------|---------------------------------|--------------------------------------------|
| MGR   | BARCANA FLORIDA, INC. | 1342 COLONIAL BLVD. # D 25      | <input type="checkbox"/> Add               |
|       |                       | FORT MYERS, FL 33907            | <input checked="" type="checkbox"/> Remove |
|       |                       |                                 | <input type="checkbox"/> Change            |
| P     | JNCEBORG BARTHELMESS  | 1342 COLONIAL BLVD # D 25       | <input type="checkbox"/> Add               |
|       |                       | FORT MYERS, FL 33907            | <input checked="" type="checkbox"/> Remove |
|       |                       |                                 | <input type="checkbox"/> Change            |
| VP    | WERNER SCHMITZ        | 1342 COLONIAL BLVD # D 25       | <input type="checkbox"/> Add               |
|       |                       | FORT MYERS, FL 33907            | <input checked="" type="checkbox"/> Remove |
|       |                       |                                 | <input type="checkbox"/> Change            |
| MGR   | Sebastian Nye-Schmitz | 3447 Pine Ridge Road, Suite 101 | <input checked="" type="checkbox"/> Add    |
|       |                       | Naples, FL 34109                | <input type="checkbox"/> Remove            |
|       |                       |                                 | <input type="checkbox"/> Change            |
|       |                       |                                 | <input type="checkbox"/> Add               |
|       |                       |                                 | <input type="checkbox"/> Remove            |
|       |                       |                                 | <input type="checkbox"/> Change            |
|       |                       |                                 | <input type="checkbox"/> Add               |
|       |                       |                                 | <input type="checkbox"/> Remove            |
|       |                       |                                 | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ENDING

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DIVISION OF CRIMINAL JUSTICE

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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.

(b) The 90th day after the record is filed.

Dated Tuesday, December 20, 2016

S. Mc-Schmidt

Signature of a member or authorized representative of a member

## Sebastian Nye-Schmitz

Typed or printed name of signer