Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 : (813)932-5244 : (813)932-3782

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 RONNIE BARTON, LLC

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Electronic Filing Menu

Corporate Filing Menu MCLEO Dlp

NOV 16 2010

COVER LETTER

TO: Registration S Division of Co	ection rporations				
SUBJECT:	RONNIE	BARTON, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		ROMAN ALBANO			
	Name of Person				
CONTRACTORS REPORTING SERVICE, INC					
Firm/Compuny					
13795 N NEBRASKA AVE					
Address					
	TAMPA, FL 33624				
	City/State and Zip Code				
	E-mail address: (i	to be used for future annual report notificat	ion)		
For further information	concerning this matter, please c	all:			
RO	MAN ALBANO	at(813) 932	2-5244		
Name	of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	Cl\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fihng 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RONNI (Name of the Limited Liability	E BARTON, LLC	rs on our records.)	
(Name of the Limited Liability (A Florida L	imited Liability Company)	, on our rounding,	
The Articles of Organization for this Limited Liability Co	ompany were filed on	8/24/2004	and assigned
Florida document numberL0400062549			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>'e</u> :	
The new name must be distinguishable and end with the word	ds "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)		AR S I
			ASA S
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	<u>≅</u>
	···		Dri 🗪
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the new
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Name <u>Address</u> **Title** 1621 HAMMOCKS AVE MGR RONALD N BARTON III LUTZ, FL 33549 - □ Remove □ Remove — □ Remove − □ Remove __ 🗇 Add □ Remove - □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____ NOVEMBER_15

RONALD N BARTON
Typed or printed name of signee

Signature of a member or authorized representative of a member