

L05000043575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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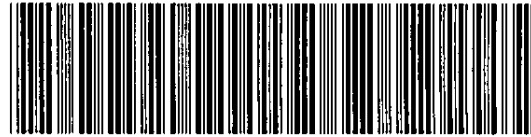
(Business Entity Name)

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09 MAY 14 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EX-100 MAY - 7 2009

J. BRYAN

MAY 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAR-NELL 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:

MICHELE L. GALAURA
(Name of Person)
BAR-NELL LLC
(Firm/Company)
1561 HUNTINGTON LANE
(Address)
CLEARWATER FL 33755
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MICHELE GALAURA at (727) 441 2575
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2009

MICHELE L. GALAURA
BAR-NELL, LLC
1561 HUNTINGTON LANE
CLEARWATER, FL 33755

SUBJECT: BAR-NELL, LLC
Ref. Number: L05000043575

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BAR-NELL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 209A00015507

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

BAR- NELL 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 MAY 3, 2005

Florida document number L05000043575

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 end with 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)

1561 HUNTINGTON LANE
CLEARWATER FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1561 HUNTINGTON LANE
CLEARWATER FL 33755

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:

GALaura . MICHELE L .

New Registered Office Address:

1561 HUNTINGTON LANE

(Enter Florida street address)

CLEARWATER

Florida

33755

(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emma Barrido	1924 Barrington Dr W CLEARWATER FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ROQUE BARRIDO	1924 Barrington Dr W CLEARWATER FL 33763	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

Signature of a member or authorized representative of a member

Michele L. Galaura

Typed or printed name of signee