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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yard Barber, 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:

Krystal Bell Myers

Name of Person

Firm/Company

801 N. Orange Ave., #830

Address

Orlando, FL 32801

City/State and Zip Code

kmyers@thefloridafirm.com

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

For further information concerning this matter, please call:

Name of Person

at ( )

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/COURIER ADDRESS:**

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

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TALLAHASSEE, FL  
SECRETARY OF STATE

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

Yard Barber, 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 1-6-2006 and assigned  
Florida document number L060000002161.

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)

3001 Aloma Ave.  
Winter Park, FL 32792

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

3001 Aloma Ave.  
Winter Park, FL 32792

**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: Krystal Bell Myers

New Registered Office Address: 801 N. Orange Ave., #830  
*Enter Florida street address*

Orlando, Florida 32801  
*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>
MGRM	Jacqui Ruxton	The Stables, Pannell Farm	<input type="checkbox"/> Add
		Bridge of Weir, Scotland, UK PA 113-RUn UK	<input checked="" type="checkbox"/> Remove
MGRM	Krystal Bell Myers	801 N. Orange Ave., #830	<input checked="" type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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Dated

01/20

2013

*Jacqui Ruxton*

Signature of a member or authorized representative of a member

Jacqui Ruxton

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FL 32304