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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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TALLAHASSEE, FLORIO

D. BRUCE

AUG 26 2008

EXAMINER

COVER LETTER

| TO: Registration So Division of Con | | | • | | | |
|-------------------------------------|---|--|----------------|--------------|--------|--|
| SUBJECT: BARTO | OND, LLC | nited Liability Company) | , | | | |
| | (Name of Emi | med Elabinty Company) | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | Dolores S. Barton | | | | | |
| | Dolores S. Barton | (Name of Person) | · | | | |
| | Bartond, LLC | | | | | |
| | | (Firm/Company) | | | | |
| | 1815 Thornhill Road | | | | | |
| | | (Address) | | | | |
| | Auburndale, Florida 33823 | | | SEG | 80 | #42****** |
| | | (City/State and Zip Code) | | AH/ | AUG | ************************************** |
| For further information of | concerning this matter, please c | eali: | | ASSEE. | 25 P | |
| Dolores S. Barton | | at (863) 967-1129 | | FLO | PH 12: | |
| (Name | of Person) | (Area Code & Daytime T | elephone Numbe | RIDA A DA | 77 | - 100 |
| Enclosed is a check for the | he following amount: | | | | | |
| ☑ \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Stat | | sed) |
| | | | | | | |

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

| BARTOND, LLC | | | | | | |
|---|---|---|-----------------------------------|--|--|--|
| (Name of the Limite | <mark>d Liability C</mark> o A Florida Lim | ompany as it now appears on our recuited Liability Company) | ords.) | | | |
| The Articles of Organization for this Limited Liability Company were filed on May 25, 2006 and assign | | | | | | |
| Florida document number L06000056531 | * | | | | | |
| This amendment is submitted to amend the following | ilowing: | | | | | |
| A. If amending name, enter the new name | of the limited | l liability company here: | | | | |
| N/A | | | | | | |
| The new name must be distinguishable and end w "L.L.C." | rith the words | "Limited Liability Company," the desi | gnation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if appli | cable: | N/A | | | | |
| (Principal office address MUST BE A STREET ADDRESS | | <u>SS)</u> | 6 25 × 5 × 5 | | | |
| Enter new mailing address, if applicable: | | N/A | PHIZ: 3 | | | |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | 7 AGI | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | , enter the name of the new | | | |
| Name of New Registered Agent: | N/A | | | | | |
| New Registered Office Address: | N/A | | | | | |
| | | (Enter Florida | street address) | | | |
| | | | orida | | | |
| | | (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> | Address | Type of Action |
|--------------|--|---|-----------------|
| MGRM | Dolores A. Barton | 1815 Thornhill Road Auburndale, Florida 33823 | Add Remove |
| MGRM | Charles A. Barton | 145 Woden Way Winter Haven, Florida 33884 | Add ■ Remove |
| MGRM | Dolores A. Barton, Co-Trustee of the Dolores A. Barton Revocable Trust | 1815 Thornhill Road Auburndale, Florida 33823 | Add Remove |
| MGRM | C. Aris Barton, Co-Trustee of the Dolores A. Barton Revocable Trust | 1815 Thornhill Road Auburndale, Florida 33823 | Add Remove |
| MGRM | C. Aris Barton, Co-Trustee of the C. Aris Barton Revocable Trust | 1815 Thornhill Road Auburndale, Florida 33823 | Add Remove |
| MGRM_ | Dolores A. Barton, Co-Trustee of the C. Aris Barton Revocable Trust | 1815 Thornhill Road Auburndale, Florida 33823 | Add Remove |
| D. If amen | ding any other information, enter chang | e(s) here: (Attach additional sheets, if necessar, IATACH SSEE, FLORIDA | OB AUG |
| Dated Augu | Dolores Q. (| But is | Ž. |
| | | or authorized representative of a member | |
| | Dolores A. Barton | | |
| | | or printed name of cionee | |

Page 2 of 2

Filing Fee: \$25.00