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MAR 2 6 2014 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SURVECT: Residential Remedies 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:

Christopher Barnhardt Name of Person

Firm/Company

26221 Pheasant Run

Address

Wesley Chapel Fl. 33544

City/State and Zip Code

cbarnhardt@tampabay.rr.com

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

For further information concerning this matter, please call:

Christopher Barnhardt

...813, 380 <u>7</u>815

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Residential Remedies LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recordiability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number L07000026013	were filed on 3/8/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Barnhardt Construction LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		year of
		477
		ا الله الله الله الله الله الله الله ال
Enter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
		· · ·
		سبب () () . مون () ()
 If amending the registered agent and/or registered of registered agent and/or the new registered office address here 		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre:	55
	T-10	
	City	orida 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	Name	<u>Address</u>	Type of Action
MGR	Charlene Barnhardt	26221 pheasant run	Add
		wesley chapel	□ Remove
		fl. 33544	<u>.</u>
			🗆 Add
			□ Remove
			<u>.</u>
			Add
			Remove
			_
		21	□ Add
		<u>. </u>	Remove
	·		
			☐ □ Add
			Remove
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			Remove

	te of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after la Department of State)
date this document is filed by the Florid	
-	2014
march 31	2014
March 31	nature of a member or authorized representative of a member

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Filing Fee: \$25.00