

L07000052829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

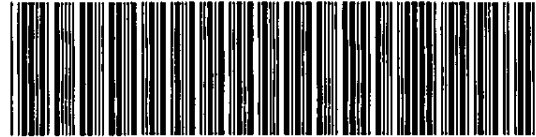
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500292294605

11/14/16--01046--013 **25.00

16 NOV 14 PM 12:02

FILED
CLERK OF STATE
JANUARY 14, 2016

NOV 16 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARTS COLLECTION EURO DESIGN L.L.C.

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:

LARRY NEWMAN

Name of Person

THE NEWMAN GROUP INC

Firm/Company

6803 LAKE WORTH ROAD SUITE 305

Address

LAKE WORTH FLORIDA 33467

City/State and Zip Code

LBN@NEWMANADVISORS.COM

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

For further information concerning this matter, please call:

LARRY NEWMAN

561 642-6999
at ()

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**

BARTS COLLECTION EURO DESIGN L.L.C.

(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 17, 2007 and assigned
Florida document number L07000052829.

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 contain 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)

5564 SOUCHAK DRIVE

WEST PALM BEACH FL 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

AMANDA VARGAS

New Registered Office Address:

5564 SOUCHAK DRIVE

Enter Florida street address

WEST PALM BEACH

Florida 33413

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 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.

Amanda Vargas
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	COSOLITO RUSSELL	11334 81ST CT N	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33412	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	VARGAS AMANDA	5564 SOUCHAK DRIVE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
16 NOV 14 PM 12:02
CLERK OF DISTRICT COURT
U.S. DISTRICT COURT
WEST PALM BEACH, FL

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

THE OWNERSHIP OF BARTS COLLECTION IS BEING TRANSFERED FROM RUSSELL COSOLITO
TO AMANDA VARGAS EFFECTIVE JANUARY 1, 2016

E. Effective date, if other than the date of filing: JANUARY 1, 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 10, 2016



Signature of a member or authorized representative of a member

RUSSELL COSOLITO

Typed or printed name of signer

FILED
NOV 14 2016
16 NOV 14 PM 12:02