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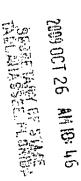
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T. CLINE

OCT 27 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Barclay Aporty Management LLC;
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anne Person
Barclays Property Monogenet CCC
555NE15-5+ #200
Mi~ FL 33132 = 3
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Status Sta
MAILING ADDRESS:  Registration Section   Registration Section   Division of Corporations   Division of Corporations   Division of Corporations   Clifton Building   Tallahassee, FL 32314   2661 Executive Center Circle   Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARCINY'S Prope	JAN Mana	Jacment L		,
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	out records.		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	3 / 500 J a	nd assigr	ıed
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:			
The new name must be distinguishable and end with the words "Lim" 'L.L.C."	ited Liability Company,"	the designation "LLC" of		reviation
Enter new principal offices address, if applicable:		The same	8_	
(Principal office address MUST BE A STREET ADDRESS)		まる こうこう	. 2	SEASE T
		64 K	***	
•		12 OA	<u> </u>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enter new mailing address, if applicable:		No.	<u>ن</u> چ	·
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		records, enter the na	ıme of t	he new
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		<del></del>
<del></del>	City	, Florida 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

**Address** Type of Action **Title** <u>Name</u> Remove 1) N Boyshore Dr #2-133 ☐ Add Remove \_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00