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COVER LETTER

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SUBJECT	·	Name of Lin	nited Liability Company	 		
The enclos	Name of Limited Liability Company Flosed Articles of Amendment and fee(s) are submitted for filing. PAVID E. BOWERS DAVID E. BOWERS					
			_			
		DAVID E. BOWERS				
		***************************************	Name of Person			
		JONES FOSTER P.A.				
			Firm/Company			
		505 S. FLAGLER DRIVE, SUITE 1100				
			Address			
		WEST PALM BEACH, F	L 33401			
			City/State and Zip Code	 		
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For further	information c		·	uncation)		
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Enclosed is	s a check for th	ne following amount:				
■ \$ 25.00) Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
R	egistration S	Section	Registration S			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARN 4, LLC

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(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 Conference of Doronton Liability Conference of Liability Conference of C	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florida street addr	rss
		lorida
New Books 14 of St.	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.

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> 1:490' -2 p 110:23	Type of Action
MGR	LOUIS E. LARSON, SR.	1301 S.W. 5th Ave.	🗆 Add
		Okeechobee, FL 34974	≣Remove
			□Change
MGR	DAVID E. BOWERS	505 S. FLAGLER DR., SUITE 1100	= Add
		WEST PALM BEACH, FL 33401	□Remove
			Change
			□Add
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		<u> </u>	□Change
			🗀 Add
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ective date, if other than the effective date is listed, the date meter. If the date inserted in this bument's effective date on the I	st be specific and cannot be prior to ock does not meet the applica	o date of filing or more than 90 ble statutory filing requirer	(optional) days after filing.) Pursuant to 6 nents, this date will not be l	05.0207 isted as
cord specifies a delayed effecti s filed.	e date, but not an effective tin	ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day at	iter the
September 29	2020	•		
ed				
ed	Signature of a member or author	<u> </u>		

ETT E 635.00