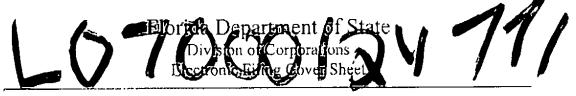
3/10/22, 9:15 AM

**Division of Corporations** 



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jfservice@jonesfoster.com

## LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION BARN 4, LLC

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Certificate of Status	1
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Page Count	04
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## **COVER LETTER**

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elio (eat.	BARN 4, L	rc			
SOBJECT:		Name of Limited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ndence concerning this matter	•		
		DAVID E. BOWERS			
			Name of Person	····	
		JONES FOSTER			
			Firm/Company		
		505 SOUTH FLAGLER D	RIVE, SUITE 1101		
			Address		
		WEST PALM BEACH 33	401	<u>-</u>	
		dbowers@jonesfoster.com	City/State and Zip Code		
		= :	to be used for future annual report notif	ication)	
For further	information c	oncerning this matter, please c	all:		
David E. Bo	owers		561 650-0475		
•	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Pec	S30.00 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)	
Re Di		Section Corporations	Street Address: Registration Sec Division of Corp	porations	
	O. Box 632 Illahassec, I	•	The Centre of To 2415 N. Monroe Tallahassee, FL	Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 >> 850-617-6381

(((H22000090791 3)))

BARN 4, LLC							
(Name of the Limited Link (A Flor	chility Companionida Limited Li	es it now appe ibility Company)	ers on our recor	<b>14</b> 77)	-		
The Articles of Organization for this Limited Liability Florida document number L07000124771	y Company v	vere filed on $\frac{\mathbb{D}}{\mathbb{D}}$	December 17, 20	007	and a	ssigned	}
This amendment is submitted to amend the following:	<b>3</b> :						
A. If amending name, enter the new name of the li	limited liabil	ty company h	nere:				
The new name must be distinguishable and contain the words "L	Limited Liabilit	y Company," the	designation "L.L.	C" ar the ab	breviation "	L.L.C."	_
Enter new principal offices address, if applicable:							_
(Principal office address MUST BE A STREET AD	DRESS)	<del></del>	<del>-</del>				_
						<del></del> .	
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)	)						
	-						<del></del>
70 TE			<b>1</b>		Z. Sicc.	~_	
B. If amending the registered agent and/or register agent and/or the new registered office address here		dress on our	records, ente	r the nam	s of-the u	~	sterca
					는 는	MAR	
Name of New Registered Agent:	<u> </u>		<del> </del>		SSE	 	<del></del>
New Registered Office Address:					j. Pie	P	E0
	··	Enter Fl	orido sircei addre	z.	10.0	.; _ <del></del>	
			, F	lorida	REALE	ယ	
		Ciņ			Zip Code	, <del>F</del>	
New Registered Agent's Signature, if changing Register	ered Agent:						
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete p d agent as pr tered office a	erformance o ovided for in	f my duties, c Chapter 605,	nd I am fe F.S. Or	aniliar w if this doc	ith and cument	1
	If Chang	ing Registered A	gent, Signature	of New Reg	istered Age	en(	

(((H220000907913)))

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 = Managor AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	BOWERS, DAVID E	505 SOUTH FLAGLER DRIVE, SUITE 1100	Dbdd
		WEST PALM BEACH, FL 33401	■Remove
MGR	LARSON, JOHN M	P.O. BOX 1772	🖺 Add
		OKEECHOBEE, FL 34973	□Remove
			□ Change
			C]Add
		□Remove	
			Change
			🗀 Add
			🗆 Remove
			Change
<del></del>			DAdd
			□Remove
			Change
		······································	🗆 Add
		- <u>-</u>	DRemove
			DChange

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n amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Note: If	date, if other than the date of filing:
record s I is tiled	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	March d 2022
	-gh Bilane
	Signature of a member or authorized representative of a member
	JOHN M. LARSON