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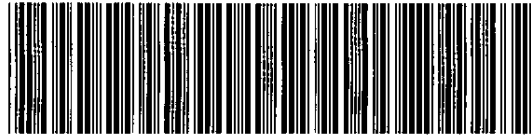
(Business Entity Name)

(Document Number)

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09 MAR 30 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 31 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARCELONA HOME & GARDEN DESIGN 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:

LOISA & VINCENT BARRERA.
(Name of Person)

BARCELONA HOME & GARDEN DESIGN LLC.
(Firm/Company)

3462 N US1 Ft Pierce FL 34946
(Address)

Ft Pierce Florida 34946
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCENT BARRERA at (561) 248-6931
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARCELONA HOME & GARDEN DESIGN LLC.

(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 X 4/24/08 and assigned
Florida document number X L08000040987

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BARCELONA HOME & GARDEN DESIGN LLC.

The new name must be distinguishable and end with 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)

3462 N. US1
FT PIERCE FL 34946

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3462 N. US1
FT PIERCE FL 34946

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:

LUISA BARRERA.

New Registered Office Address:

3462 N US1 FT PIERCE FL 34946

(Enter Florida street address)

FT PIERCE

(City)

Florida

34946

(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.

Luisa Barrera
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luisa Barrera	3462 N OSI FT PIERCE FL 34946	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	VINCENT BARRERA	3462 N OSI FT PIERCE FL 34946	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALBERT BARRERA	3462 N OSI FT PIERCE FL 34946	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated

3/25/09

Signature of a member or authorized representative of a member

LUISA BARRERA

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00