L0900022418

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Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Barclay's Business Center, Uc. 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:
Mike Pexer Name of Person
Barclay's Business Center Firm/Company
1674 Meridian Ave. #320 Address
City/State and Zip Code info @ barclaus real estate, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mile Perez at (786) 433-4693 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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



November 19, 2015

MIKE PEREZ 1674 MERIDIAN AVE SUITE 320 MIAMI BEACH, FL 33139 US

SUBJECT: BARCLAY'S BUSINESS CENTER LLC

Ref. Number: L09000022418

We have received your document for BARCLAY'S BUSINESS CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 915A00024499

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barclay's I	Business	Canter UC.	
(Name of the Limited Lia (A Flo	ibility Company orida Limited Lial	as it now appears on our records.) cility Company)	
The Articles of Organization for this Limited Liabilit	y Company w	ere filed on	and assigned
Florida document number <u>L090000 2241</u>	8 .		
This amendment is submitted to amend the following	g :		
A. If amending name, enter the new name of the l	limited liabilit	y company here:	
The new name must be distinguishable and contain the words "	Limited Liability	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		1674 Meridian Ave. #	× 320
(Principal office address MUST BE A STREET AD	DRESS)	1674 Meridian Ave. # Mani Beach, FL 33139	7
,	-		
Enter new mailing address, if applicable:		1674 Meridian Ave. 4	+ 320
(Mailing address MAY BE A POST OFFICE BOX)	-)	1674 Meridian Ave. 1 Miani Beach, FL 33139	
D. If any alice the maintain decrease and the second			S 43
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ce address on our records, enter th	ie name of the new
Name of New Registered Agent:			- ,
New Registered Office Address:	1674	Meridias Ave. # 320 Enter Florida street address	<u> </u>
	16:	4	
	Manu	<u>Beach</u> , Florida <u>3</u> City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		TS R III
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete pe d agent as pro tered office ac	erformance of my duties, and I am fai ovided for in Chapter 605, F.S. Or, if	niliar with and this document is
		SV	
	If Changi	ng Registered Agent, Signature of New Regis	stered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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D. II alli	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Note:	tive date, if other than the date of filing: (optional) (fective 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 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lisment's effective date on the Department of State's records.	05.0207 (ted as	(3)(b) the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:	:
Dated	12/2/15		
	Signature of a member Adhieu Ro dette Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00