

LD9000037523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

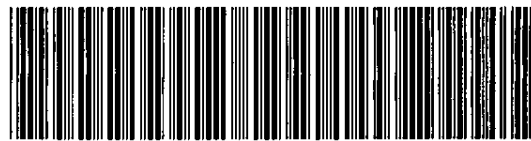
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800214341568

11/16/11--01007--016 \*\*25.00

FILED  
11 NOV 16 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 17 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Barrett Group 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:

Andre J Barrett  
Name of Person  
The Barrett Group LLC  
Firm/Company  
4977 N. State Road 7  
Address  
Tamarac FL 33319  
City/State and Zip Code  
thebarrettgroupfax@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andre Barrett at (954) 736-8688  
Name of Person Area Code & Daytime Telephone Number

FILED  
11 NOV 16 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

The Barrett Group 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 4/20/2009 and assigned  
Florida document number L09000037523.

This amendment is submitted to amend the following:

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

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)

4977 North State Rd 7  
Tamarac FL 33319

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

4977 North St Rd 7

Enter Florida street address

Tamarac

City

Florida

33319

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>   |
|--------------|-------------|----------------|---|
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November - 14, 2011

Andre J. Barrett  
Signature of a member or authorized representative of a member  
Andre J Barrett  
Typed or printed name of signee

FILED  
11 NOV 16 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA