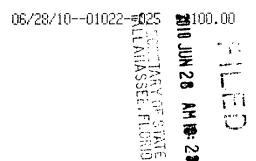
L09000059949

(Requestor's Name)				
(Address)				
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//State/Zip/Phone	e #)			
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certificates	s of Status			
Special Instructions to Filing Officer:				
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JUN 2 9 2010 EXAMINER

COVER LETTER

TO: Registration Se					
SUBJECT:	Barrington C	Cole Partners 1, LLC			
SUBJECT.		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	endence concerning this matter	r to the following:			
		Alan Bostom	····		
•		Name of Person			
	Barrin	gton Cole Partners 1, LLC			
		Firm/Company			
	1157				
		Address			
	,	Wellington FL 33414			
	City/State and Zip Code				
	F-mail address: (abostom@aol.com to be used for future annual report notif	(cation)		
For further information co	oncerning this matter, please o	·	realion,		
Al	an Bostom	at (561)	795-0018		
Name of	Person		e Telephone Number		
Enclosed is a check for th	e following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

FILED

2010 JUN 28 AM 10: 28

Barrir (<u>Name of the Limited</u> (A	ngton Cole F Liability Compan Florida Limited L	Partners 1, LLC y as it now appears on liability Company)	IALLAHASSE our records.)	CF STATE CFEORIDA
The Articles of Organization for this Limited Lia Florida document number L09000059		were filed on6	6/19/2009	_and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
_	n/a			
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Company," t	he designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ble:	n/a		
(Principal office address MUST BE A STREET	(ADDRESS)			
				
Enter new mailing address, if applicable:		n/a		
	iov.	100	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE E	(UX)			
B. If amending the registered agent and/o registered agent and/or the new registered off			ecords, enter the	name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
		Enter Fl	orida street address	T.
			, Florida	
		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Bruce Bostom	4926 SW 32nd Way Fort Lauderdale, FL 33312	_ Add Remove
MGMR	Alan Bostom	14372 Equestrian Way Wellington, FL 33414	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s)) here: (Attach additional sheets, if necessary.)	
····			-
		7.	2010 JUN 28
Dated	June 24 , 2010	TASSEC.	
_		authorized representative of a member uce Bostom	Me: 28
			<u> </u>

Page 2 of 2

Filing Fee: \$25.00