

LB9 000096084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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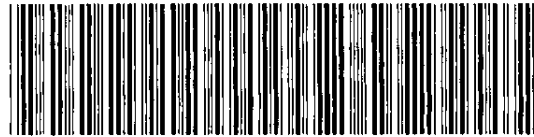
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
DEC 29 2009
EXAMINER

COVER LETTER*

**TO: Registration Section
Division of Corporations**

SUBJECT: Barrington Cole 401 K Services, 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:

Desiree Quesada-Axel
Name of Person

1080 Northumberland Ct
Firm/Company
Address

Wellington, FL 33414
City/State and Zip Code

Desake1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Desiree Quesada-Axel at (561) 214-1817
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2009

NICK AND DESIREE AKEL
1080 NORTH UMBERLAND COURT
WELLINGTON, FL 33414

SUBJECT: BARRINGTON COLE 401K SERVICES LLC
Ref. Number: L09000096084

We have received your document for BARRINGTON COLE 401K SERVICES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 809A00035738

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

(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 10.05.09 and assigned
Florida document number 409000096084

This amendment is submitted to amend the following:

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

— N/A

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)

— N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

— N/A

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TALLAHASSEE, FLORIDA

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
Ms.	Desiree Quesada-Akel	1080 Northumberland Court Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mr.	Nick G. Akel	1080 Northumberland Ct Wellington, FL 33414	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11.30.09

Signature of a member or authorized representative of a member
Desiree Akel Nick G Akel

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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