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SECRETARY OF STATE
TALLAHASSEE, FLORI

D. BRUCE

JAN 1 2 2010

**EXAMINER** 

## , COVER LETTER

...

TO:	Registration S Division of Co				
SUBJECT: Barclay a		and Barclay, LLC			
			ited Liability Company		
The en	closed Articles of	f Amendment and fec(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Paul Barclay				
8		Name of Person			
Barclay and Barclay Services, LLC					
Firm/Company					
	757 SE 17th Street Suite 1174				
	Address				
	Ft Lauderdale, FL 33316				
	City/State and Zip Code			25 <b>5</b>	
					AR E T
		E-mail address: (	to be used for future annual repor	t notification)	TAFE A
For fur	ther information of	concerning this matter, please of	call:		JAN II AM WA
	D	Paul Barclay	at (_954_)	326-4624	TILED  10 JAN II AM 8:5  SECRETARY OF STAT ALLAHASSEE, FLORI
		of Person	Area Code & D	Daytime Telephone Number	N I AM 8: 57 ETARY OF STATE HASSEE, FLORIDA
Enclose	ed is a check for t	he following amount:			
<b>⊠</b> \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	te of Status &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of C Clifton Build	orporations ing ve Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	and Barclay, LLC	a Obr records i		
( <u>Name of the Limited Liability</u> (A Florida I	Limited Liability Company)	<u>tuu teenus.</u>		
The Articles of Organization for this Limited Liability C	Company were filed on DEC	EMBER 18 2009 and assigned		
Florida document number <u>L09000120753</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
Barclay and	Barclay Services, LLC			
The new name must be distinguishable and end with the wor "L.IC."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		주는 <b>ㅎ</b>		
(Principal office address MUST BE A STREET ADDR	RESS)	ACC & T		
		ASS =		
		my a m		
Enter new mailing address, if applicable:	4			
(Mailing address MAY BE A POST OFFICE BOX)	*	ORDE T		
B. If amending the registered agent and/or regist	and office uddress on our	remarks antay the name of the new		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addresses		records, enter the name of the nev		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
	Enter i	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 <u>Title</u> <u>Address</u> Type of Action Name \_\_\_ Add \_\_\_ Remove Remove Remove □Add Remove  $\square$ Add \_\_\_\_Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Mgnature of a member or authorized representative of a member Paul Banciay.
Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00