

L10000005018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A. LUNT

SEP 20 2012

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2012 SEP 18 PM 08
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Official Bar Codes, 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:

Stephanie M. Chambers, Esq.

Name of Person

The Hogan Law Firm

Firm/Company

P.O. Box 485

Address

Brooksville, Florida, 34605

City/State and Zip Code

brandong90@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

FILED
2012 SEP 18 PM 3 08
TALLAHASSEE, FLORIDA
TAMPA BAY STATE

For further information concerning this matter, please call:

Stephanie M. Chambers, Esq.

Name of Person

at (352)

799-8423

Area Code & Daytime Telephone Number

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**

Official Bar Codes, 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 January 13, 2010 and assigned
Florida document number L10000005018.

This amendment is submitted to amend the following:

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

Bar Codes Talk, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2012 SEP 18 PM 2:08
CLERK OF CIRCUIT COURT
JACKSONVILLE, 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:

New Registered Office Address:

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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

Dated September 13, 2012.



Signature of a member or authorized representative of a member

Brandon E. Gordon

Typed or printed name of signee

FILED
SEP 13 2012
CLERK OF SUPERIOR COURT
STATE OF NEW YORK
COUNTY OF ALBANY

**ASSIGNMENT OF RIGHT, TITLE
AND INTEREST IN THE NAME
"BAR CODES TALK, INC."**

THIS ASSIGNMENT OF RIGHTS, TITLE AND INTEREST IN THE NAME "BAR CODES TALK, INC.", (the "Assignment") is made effective the 13th day of September, 2012 by **BAR CODES TALK, INC.**, a Florida profit corporation ("Seller", "Business" or "Assignor"), with its principal place of business at 735 Fernwood Drive, Brooksville, Hernando County, Florida and **OFFICIAL BAR CODES, LLC**, a Florida limited liability company with its principal place of business at 601 Seven Oaks Ct., Brooksville, Hernando County, Florida ("Assignee").

NOW, THEREFORE, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration paid by Assignee to Assignor, the receipt of which is hereby acknowledged, Assignor hereby sells, assigns, transfers, and sets over to Assignee, their successors and assigns, without recourse, all of Assignor's right, title, and interest in and to those certain assets related to BAR CODES TALK, INC. described herein and none other:

All right, title and interest in and to the name "Bar Codes", "Bar Codes Talk" "Bar Codes Talk, Inc." and the exclusive right to do business under said name from the date of this Assignment forward ("Assets").

Assignor does hereby warrant and represent to Assignee that:

1. Assignor is the owner and holder of the Assets and there are no restrictions which would prohibit this Assignment.
2. Assignor has no knowledge of any existing defenses or rights of setoff in favor of any party which would cause the assignment of the Assets to be invalid or unenforceable, in whole or in part.

IN WITNESS WHEREOF, Assignor has signed and sealed this instrument the
13th day of, September, 2012.

Signed, Sealed and Delivered
in the Presence of:

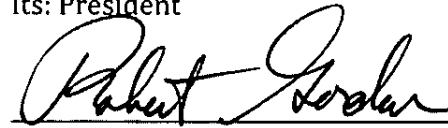
Assignor:

BAR CODES TALK, INC.



By: ROBERT GORDON

Its: President

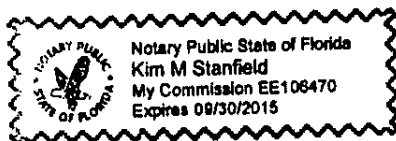


ROBERT GORDON, Individually

STATE OF FLORIDA)
COUNTY OF HERNANDO)

The foregoing instrument was hereby acknowledged before me, an officer duly authorized to administer oaths and take acknowledgments, by **Robert Gordon**, individually and as President of **Bar Codes Talk, Inc.**, who is personally known to me or who has produced Florida Driver's License as identification, and who executed the foregoing Assignment of Right, Title and Assets and who acknowledged before me that he executed the same freely and voluntarily for the purposes expressed therein, this 13th day of September, 2012.

(Seal)



Notary Public, State of Florida

Kim M. Stanfield

Notary Name Printed

My Commission Expires: 9/15/2015

IN WITNESS WHEREOF, Assignee has signed and sealed this instrument the ___ day
of September, 2012.

Signed, Sealed and Delivered
in the Presence of:

Assignee

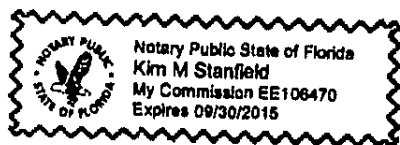
OFFICIAL BAR CODES, LLC


By: BRANDON GORDON
Its: Managing Member

STATE OF FLORIDA)
COUNTY OF HERNANDO)

The foregoing instrument was hereby acknowledged before me, an officer duly
authorized to administer oaths and take acknowledgments, by **Brandon Gordon** as
Managing Manager of **OFFICIAL BAR CODES, LLC** who is personally known to me or who
has produced Florida Driver's License as identification, and who executed the
foregoing Assignment of Right, Title and Assets and who acknowledged before me that ~~she~~
~~he~~ executed the same freely and voluntarily for the purposes expressed therein, 13th day
of September, 2012.

(Seal)




Notary Public, State of Florida

Kim M. Stanfield

Notary Name Printed

My Commission Expires: 9/15/2015