(Requ	estor's Name)				
(Addre	ess)				
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(City/S	state/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
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EXAMINER



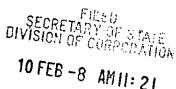
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COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	BARR	EL BOY LLC		
0000			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
		JOHN A BRESLIN			
Name of Person					
			BARREL BOY LLC		
Firm/Company					
1515 S ANDREWS AVE # 802					
Address					
		FTIAL	JDREDALE, FL 33316-2	507	
		TTEAC	City/State and Zip Code		
		GI	LPEREZ@MSN.COM		
			to be used for future annual report	notification)	
For fur	ther information	concerning this matter, please of	call:		
	JOH	IN A BRESLIN	at (_954)	404-1048	
	Name	of Person	Area Code & Da	ytime Telephone Number	
Enclos	ed is a check for	the following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/CO Registration So Division of Co Clifton Buildir 2661 Executive Tallahassee, Fl	rporations g e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BARREL BOY LLC		
(Name of the Limited)	Liability Company as it now appear Florida Limited Liability Company)	ars on our records.)	·=· · · · ·
(A	Florida Limited Liability Company)	i	
The Articles of Organization for this Limited Lia	ibility Company were filed on	02/04/2010	and assigned
	· · · · —		and assigned
Florida document number L10000012	500 ,		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	e <u>re</u> :	
	BARROW BOY LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/o		our records, enter 1	he name of the nev
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ada	ress
		, 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** <u>Name</u> Address Type of Action _ Add Remove 'n Remove Add Remove Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Feb 5, 2010. , _ Signature of a member or authorized representative of a member TOHN BRESUIN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00