## L10000037246

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SECRETARY OF STATE
ALLAHASSEE, FIORICA

D. BRUCE

ILIN 0 5 2012

**EXAMINER** 

## COVER LETTER

TO:

TO:	Registration Se Division of Cor			· κ.	
SUBJE	·c···	BARI NATIOI	NAL BUILDERS, LLC		
SODSE			ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all correspo	ondence concerning this matte	r to the following:		
			ANTONIO DELIGIO  Name of Person		
			ramic of i cison		
		BARIN	NATIONAL BUILDERS, LL	_C	
			Firm/Company		
	3121 SW 186TH TERRACE				
			Address		•
			MIRAMAR FL, 33029		12 12
			City/State and Zip Code		
		TONY	BARIBUILDERSLLC.CC	М	JUN-4 PM GRETARY OF LAHASSEE.1
		E-mail address:	(to be used for future annual report no	tification)	
For fur	ther information c	concerning this matter, please	call:		OF STATE
	ANTO	ONIO DELIGIO	at ( 954 )	531-4430	ORIGINAL CONTROL ORIGINAL CONTROL CONT
		of Person		ime Telephone Numbe	
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &
	Registr Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARI NATIONAL				
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	<u>s on our records.</u>	)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	04/05/2010	and assigned	
Florida document numberL10000037246				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	<u>2</u> :		
The new name must be distinguishable and end with the words "Lir" L.L.C."	mited Liability Compa	ny," the designation	on "LLC" or the abbrevi	atio
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	N/A	50 £ 17	
		<del></del>	ASSEY #	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			RA CO	
		·····	<b>⊅</b>	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ur records, <u>en</u> t	er the name of the	nev
Name of New Registered Agent:	NA			
New Registered Office Address:				
	Ent	er 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>	Address	Type of Action
MGRM	DAVID JIMENEZ	11485 SW 22ND CT DAVIE FL, 33325	Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			12 JUN -
			SE SHE SE
Dated	Signature of a member	of authorized representative of a member	<u> </u>
	AN'	TONIO DELIGIO	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00