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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **MECO ENTERPRISE 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:

MICHAEL ELLIOTT

Name of Person

MECO PROPERTIES, INC

Firm/Company

2172 W. NINE MILE ROAD 119

Address

PENSACOLA FLORIDA 32534

City/State and Zip Code

MECOPROPERTIES@GMAIL.COM

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

For further information concerning this matter, please call:

MICHAEL ELLIOTT

850 982-7195

Name of Person

at ()

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**

MECO ENTERPRISE 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 06/25/2010 and assigned
Florida document number L10000068146.

This amendment is submitted to amend the following:

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

THE BARN STRENGTH AND CONDITIONING 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)

THE BARN STRENGTH AND CONDITIONING

403-B CAROLINA DRIVE

PENSACOLA FLORIDA 32534

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2172 W NINE MILE ROAD 119

PENSACOLA FLORIDA 32534

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:

MICHAEL ELLIOTT

New Registered Office Address:

403 B CAROLINA DRIVE

Enter Florida street address

PENSACOLA

City

32534

Florida 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 605, 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.

Michael Elliott

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAMANTHA ELLIOTT	P.O. BOX 984	<input type="checkbox"/> Add
		GULF BREEZE FLORIDA 32562	<input checked="" type="checkbox"/> Remove
MGR	MECO PROERTIES INC	2172 W NINE MILE ROAD 119	<input checked="" type="checkbox"/> Add
		PENSACOLA FLORIDA 32534	<input type="checkbox"/> Remove
MGR	JAMES RYAN CAPERS	403 B CAROLINA DRIVE	<input checked="" type="checkbox"/> Add
		PENSACOLA FLORIDA 32534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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AND ASSOCIATES
PENSACOLA FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 31, 2015



Signature of a member or authorized representative of a member

Michael ELLIOTT

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA