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2011 SEP 14 PH 3: 33
SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 15 2011

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	CT: 5.6	Barnier, LLC				
2020			ited Liability Company			
		Amendment and fee(s) are sub	-			
		S. Bac	nier			
			Name of Person	***************************************		
			Firm/Company			
		P.O. Box				
ı			Address		ZO TAL	
		Palm Coa	st , FL 32135		II SEF	
		Palm Coast FL 32135 City/State and Zip Code Steve barnier @ gmail. com E-mail address: (to be used for future annual report notification)			2011 SEP 14 PM 3: 33 SECRETARY OF STATE ALLAHASSEE, FLORIDA	The state of the s
For furtl	ner information co	oncerning this matter, please of	•	•	H 3: 3	-
5	teve Barr	Person	at (386) 445 -499 Area Code & Daytime To	7 7 elephone Number	—————————————————————————————————————	
Enclose	d is a check for th	e following amount:				
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional c	f Status &	

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

Stephen P. Barnier	-, Jr., LLC				
(Name of the Limited Liability C (A Florida Lin		on our records.)	······································		
The Articles of Organization for this Limited Liability Con Florida document number	p, .,	6 30 10	and assigned		
This amendment is submitted to amend the following:			•		
A. If amending name, enter the new name of the limite S. Barnier, LLC The new name must be distinguishable and end with the words	,	•	I. C" or the abbreviation		
"L.L.C."	Ellinted Elability Compan	ly, the designation	EBC of the abbreviation		
Enter new principal offices address, if applicable:			SECO		
(Principal office address MUST BE A STREET ADDRE	<u></u>		S B T		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 3: 33 ARY OF STATE SSEE, FLORIDA		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	Ente	er Florida street ad	dress		
	, 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>Address</u> **Type of Action** <u>Name</u> P.O. Box 351459 MGRM **⊠** Add Palm Coast, FL 32135 Remove MGRM ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September Signature of a member or authorized representative of a member Sarah Barnier Salas
Typed or printed national signee

Page 2 of 2

Filing Fee: \$25.00