L10000578970

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only/Otate/Ziph Holle #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
·					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000240223860



10/02/12--01012--004 **25.00

12 OCT -2 AMII: 22
SECRETARY OF STAIL
TALLAMASSEE FLORID

D. BRUCE

EXAMINER

COVER LETTER

то:	Registration S Division of Co	ection ' rporations			
SUBJECT: BARILOCHE INVESTMENTS, LLC					
30031					
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			TAMMY PEREZ Name of Person		
			Name of Person		
TABA		BADESA ASSOCIATE	ES		
			Firm/Company		•
		7005 W 17TH CT		•••••	
		Address		12 (SEC	
			HIALEAH, FL 33014		FILED 12 OCT -2 AMII: 2 SECRETARY OF STAT ALLAHASSEE, FLORE
			City/State and Zip Code		FILED -2 AM IARY OF ASSEE.
		TAM	MYP@TABADESA.Co	ОМ	
		E-mail address: (to be used for future annual repo	ort notification)	
For fur	rther information	concerning this matter, please of	call:		22 RIDA
	TA	MMY PEREZ	at (305)	989-8776	
•	Name	of Person		Daytime Telephone Number	
Enclos	sed 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 e	nclosed) Certified C	of Status &
	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	Registration Division of Clifton Bui	Corporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARI	LOCHE INVESTMENTS,	LLC	
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	07/28/2010	and assigned
Florida document numberL1000007	8970		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		ALS
Principal office address MUST BE A STRE.			CR CR
			SA T
			A CED
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		**************************************
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	the name of the new
Name of New Registered Agent:	MINERVA ROJAS		
New Registered Office Address:	8332 NW 1155TH CT		
Enter Florida street address			
	MIAMI	, Florida	33178
	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.

f 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 **Type of Action** Title <u>Address</u> <u>Name</u> MGRM MINERVA KHAWAIN 8332 NW 115TH CT ∏Add Remove MIAMI_FL_33178____ MINERVA ROJAS MGRM **✓** Add 8332 NW 115TH CT Remove MIAMI, FL 33178 ☐ Add Remove ∏Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 24 2012 Signature of a member or authorized representative of a member MINERVA ROJAS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00