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SECRETARY OF STATE
AHASSEE PLOSING

T. CLINE

JAN 19 2011

EXAMINER

# **COVER LETTER**

ŤΟ:	Registration Section Division of Corporations		
SUBJ	JECT: Barmilton LLC.		
•	Name of Limited Liability Company		
The er	enclosed Articles of Amendment and fee(s) are submitted for filing.	•	
Please	e return all correspondence concerning this matter to the following:		
	Valeria Germinara.  Name of Person		
	Firm/Company		
	20801 Biscayne Blod #403		
	Aventuro f. 33180  City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)	<b>)</b> .	
For fur	orther information concerning this matter, please call:	2011 JAN SEGRETALLAHA	4 (4400 %
Enclos	Name of Person at (786) 923 028 0.  Area Code & Daytime Telephone Number sed is a check for the following amount:	TSET. FLARE	Secretary of the second
<b>⊿</b> \$25	5.00 Filing Fee \$\ S30.00 Filing Fee &	of Status &	d)

### **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

	Damilton LLC.		
(Name of the Limited L (A F	iability Company as it now appear Iorida Limited Liability Company)	s on our records.)	_ <del></del>
The Articles of Organization for this Limited Liab		Florida.	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<u> </u>	222
Enter new mailing address, if applicable:		A H	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on o ce address here:	our records, enter the	
Name of New Registered Agent:			
New Registered Office Address:	Ent	ter Florida street address	
		, Florida	
	City		ip 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 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 **Name Address** Martin Sebastian Boen MGRM \_ Add Remove ☐ Add ☐ Remove ☐ Remove Add Remove Remove **39** 3. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary?) Dated [-1]-// Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00