

L11000050668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

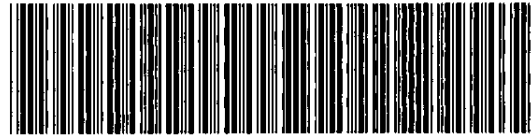
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100209097831

06/21/11--01014--014 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 21 AM 10:28

N. Gulligan JUN 22 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARTHREAZ 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:

RYAN ALFREY

Name of Person

BARTHREAZ LLC

Firm/Company

9031 SW 122ND AVE APT 205

Address

MIAMI / FL 33186

City/State and Zip Code

ALFREYRYAN@YAHOO.COM

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

For further information concerning this matter, please call:

CARLOS SENSI

Name of Person

at (786)

238-2065

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 21 AM 10:28

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 2

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:

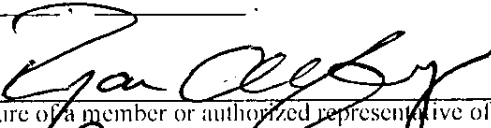
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRETT M MACLVER	7957 CAMINO CIRCLE MIAMI, FL 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRETT M MACIVER	7957 CAMINO CIRCLE MIAMI, FL 33143	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 21 AM 10:28

Dated 6-16-11



Signature of a member or authorized representative of a member
Ryan Alfrey

Typed or printed name of signee