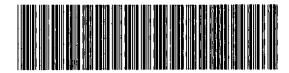
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(Re	questor's Name)			
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BE CONTACT TO SECUL OF COMPANY OF

M. Guttigen JUN 2 2 2011

COVER LETTER

UBJECT:	BART	HREAZ LLC	
		ited Liability Company	
ne enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
ease return all corresp	ondence concerning this matter	r 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	
	ALFR E-mail address: (EYRYAN@YAHOO.CO to be used for future annual repor	DM 1 notification)
r further information	concerning this matter, please of	·	
C.A	ARLOS SENSI	ai (_786_)	238-2065
	of Person	Area Code & D	Daytime Telephone Number
nclosed 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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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 DIVISION OF



		11 JUN 21	AM IQI 28
B/ (Name of the Limited Link)	ARTHREAZ LLC		
(<u>Name of the Limited Liabi</u> (A Florid	da Limited Liability Compan	y)	
The Articles of Organization for this Limited Liability		APRIL 29, 2011	and assigned
Florida document number L11000050668			
This amendment is submitted to amend the following A. If amending name, enter the new name of the leading the leading name of		horo	
		nere.	
	ARTHREADZ LLC		
The new name must be distinguishable and end with the value.	words "Limited Liability Cor	"mpany," the designation	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
(Maining daaress MAT BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office a		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			And the second s
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
t-adria-d	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 = Managér MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	BRETT M MACLVER	7957 CAMINO CIRCLE MIAMI, FL 33143	Add _ ☑ Remove 		
MGR	BRETT M MACIVER	7957_CAMINO_CIRCLE MIAMI_EL_33143	_ ✓ Add ☐ Remove		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Add Remove		
	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	DIVISION OF CORPUSATIONS TO JUN 21 AM IQ 28		
	Signature of a member of a mem	er or authorized representative of a member ALF LEY and or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00