· L110000071790

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J. SAULSBERRY EXAMINER

JUL 5 2011

COVER LETTER

TO: Registration Division of C				
SUBJECT:		io Bardy LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
	Ant	onio Angelo Bardy Assis	·····	
		Name of Person		
		Antonio Bardy LLC Firm/Company		
		6165 Sandcrest Circle Address		
	c	Vrlando Florida 32810		
Orlando, Florida 32819 City/State and Zip Code tonybardy@gmail.com		2011		
		onybardy@gmail.com		
	E-mail address: (to be used for future annual report notifical	ion)	
For further information	concerning this matter, please	call:	AM I	
Antonio	Angelo Bardy Assis	at (407) 53		
Name	of Person	Area Code & Daytime T	85-3639	
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)	
Regis	LING ADDRESS: stration Section	STREET/COURIER Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Antonio An	gelo Bardy Assis				
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on	06/21/2011	and a	ssignec	i
Florida document numberL11000071790					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here	:			
	Bardy Assis LLC				
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company	y," the designation "l	LLC" or the	e abbrev	viation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	(S)		1	\simeq	
				=	
			EM		1
Enter new mailing address, if applicable:			SSI	1	, ~************************************
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	呈	7 7
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			2 50	ယ္ယ	
B. If amending the registered agent and/or registere	d office address on ou	r records, <u>enter t</u>	he name	of the	new
registered agent and/or the new registered office address	here:				
Name of New Registered Agent:					
New Registered Office Address:					
New Registred Office / Ranicasy.	Enter Florida street address				
		, Florida	<u> </u>		
	City		Zip Cod	de	

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:

	= Manager 1/1 = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If a	PLEASE CHAWOR	PUTPOSE FOR WHICH T ZED TO: AWY AWD AL ESTATE BUSINES	<u>Hì</u> S
	ALC LAWFOL ICE	HE RSIAIR JUSINES	CAETARY
Dated _	06/22/2011, Signature of a memb	per or authorized representative of a member	AM 8: 33 OF STATE OF LORIDA
	Antor	nio Angelo Bardy Assis	
	Турс	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00