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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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O SIMMONS
JUN 16 2017

Recipient Information

To: Ms. Simmons
Fax #: 18502456030

fax

Sender Information

From: Castillo
Email address: chris.castillo@live.com (from 47.201.185.214)
Phone #: 7276569179
[illegible]

Attn: Ms. Simmons

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BARXX RAW DOG FOOD L.L.C.
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:

Chris Castillo
Name of Person

BARXX RAW DOG FOOD L.L.C.
Firm/Company

402 5th Ave SW
Address

Largo, FL 33770
City/State and Zip Code

Chris@Barxx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris Castillo at (727) 656-9179
Name of Person — 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	HAUMSCHILD, LOIS G	6464 49TH AVE N	☐ Add
		ST. PETERSBURG, FL 33709	☒ Remove
			☐ Change
AMBR	HAUMSCHILD, LOIS G	6464 49TH AVE N	☐ Add
		ST. PETERSBURG, FL 33709	☒ Remove
			☐ Change
AMBR	HAUMSCHILD, JAMES	6464 49TH AVE N	☐ Add
		ST. PETERSBURG, FL 33709	☒ Remove
			☐ Change
MGR	CASTELLO, CHRIS	12432 MONTARA DR.	☒ Add
		LARGO, FL 33773	☐ Remove
			☐ Change
MGR	CASTELLO, CHRIS	402 5TH AVE SW	☒ Add
		LARGO, FL 33770	☐ Remove
			☐ Change
AMBR	CASTELLO, CHRIS	402 5TH AVE SW	☒ Add
		LARGO, FL 33770	☐ Remove
			☐ Change

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

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E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 06 2017

Signature of a member or authorized representative of a member

Chris Castillo

Typed or printed name of signee

Filing Fee: $25.00