

LI1000089746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

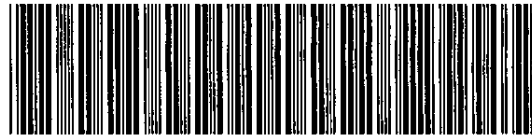
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TALLAHASSEE FLORIDA

JUN 29 2017
J. HARRIS

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

727 656-9179
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARXX RAW DOG FOOD L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 08/04/2011 and assigned
Florida document number L11000089746

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

402 5th Ave. SW

Largo, FL 33770

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

402 5th Ave. SW

Largo, FL 33770

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Chris Castillo

New Registered Office Address:

402 5th Ave. SW

Enter Florida street address

Largo

Florida 33770

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 605, 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CASTILLO, CHRIS	402 5TH AVE SW	<input type="checkbox"/> Add
		LARGO, FL 33770	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	CASTILLO, CHRIS	402 5TH AVE SW	<input type="checkbox"/> Add
		LARGO, FL 33770	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MORALES, JONATHAN	12432 MONTARA DR.	<input checked="" type="checkbox"/> Add
		LARGO, FL 33773	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

My name (Castillo, Chris) was listed on there twice as MGR. I am leaving me on as MGR and AMBR.

Adding Morales, Jonathan as MGR.

Please update new principal office address, mailing address, registered agent and office.

If possible, please remove the previous amendment filed on 6/15/2017 and replace it with this one.

If the previous amendment needs to stay on record, that's not a problem.

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

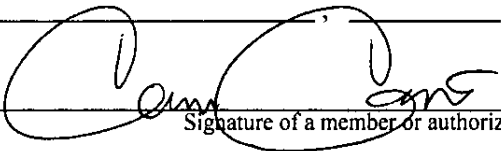
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 21, 2017



Signature of a member or authorized representative of a member

Chris Castillo

Typed or printed name of signee

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TALLAHASSEE FLORIDA