## L11000116310

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## **COVER LETTER**

TO: Registration Section ' Division of Corporations						
SUBJECT: BARBARELLA TAMPA, 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:						
JOHN GARWER Name of Person						
BARBARELLA TAIMPA LLC Firm/Company						
10426 POINTVIEW CT Address						
ORLANDO FL 32836						
City/State and Zip Code  in die bariohn@aol.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JOHN GARWER at (107) 435-8897  Name of Person Area Code & Daytime Telephone Number						
Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

## FILED TO

ARTICLES OF ORG	SANIZATIONVISTUL OF CORPORAGES
OF	12 JAN 23 PM 12: 19
BARBARELLA TAN	- , ,
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer	e filed on and assigned
Florida document number <u>L11000116310</u>	
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 end with the words "Limited I "L.L.C."	iability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florido

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.

City

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGKM	= Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARK Francis Gannell	asla E. Defferson ST. or Lando, fl. 32803	Add Remove
M6R	THOMAS CHARLES MURDA	544/ CAURUS CT. DELANDO FC. 3280B	Add Remove
			Add Remove
			Add Remove
<del> </del>			Add Remove
D. 16 am			Add Remove
D. II am	lending any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
Dated	1/17/12		SECRETATIONS DIVISION OF CONFENANTORS 12 JAN 23 PM 12: 19
	JOHN GAR	or authorized representative of a member  DUER  r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00