L11000141830

Office Use Only



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01/20/12--01035--003 **25.00

12 JAN 20 PH 12: 09

SECRETARY OF STATE
SECRETARY OF STATE
OIVISION OF CORPORATIONS

COVER LETTER

SUBJECT:	BARK	(O LEX LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		KAREN LUTHER	
		Name of Person	
		BARKO LEX LLC	
		Firm/Company	
	7565	5 IRONBRIDGE CIRCLE	
		Address	•
	DEL	RAY BEACH, FL 3 3437. 2	3446
		City/State and Zip Code	
	custome	erservice@alldogboots.com to be used for future annual report notifica	ation)
For further information	concerning this matter, please o	·	naony
Tor further mionitation.	contenting and matter, proude c		
	REN LUTHER		38-2668
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 JAN 20 PM 12: 09

(Name of the Limited Liability Compa (A Florida Limited L		s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000141830	were filed on	12/19/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	7565 Ironbrid		
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach	, FL 3 343 7 334	46
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7565 I Delray	Troubridge Beach, FL	Circle 33446
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street addi	ress
	demonstrate and a management of the second s	, Florida	
	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 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 = Manager

MGRM = N	Aanaging Member		
<u>Title</u>	Name Name	Address	Type of Action
			Add
			Remove
			Add Remove
•	,		
			Add
			Remove
			Add Remove
	•		week.
			Add
			Remove
			Add Remove
D. Ie			
D. Hamen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			TZ ZZ
			SECRE SECRE SECRE SECRE
_		•	FILE FARY 20
	- The state of the		ED COF STATE ORPORATIONS PH 12: 09
	11.: 7.		
Dated	1/16/12	produced to the second	9
	Klann R Signature of a member	Jufu er or authorized representative of a member	
	·	KAREN LUTHER	
		d or printed name of signee	

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Filing Fee: \$25.00