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| (F | Requestor's Name) | |
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| (P | Address) | <u>. </u> |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | |
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| (E | Business Entity Nar | me) |
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| TO: Registration Se Division of Cor | | | |
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| | EX LLC | | |
| SUBJECT: | Name of Limi | ted Liability Company | |
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| | . 1 | Name of Person | _ |
| | BARKO LEX LLC . | | |
| | Tranbridge | Name of Person EX LLC PAD FIRM/Company Firm/Company Address BEACH, FL 33446 City/State and Zip Code RSERVICE@ALLDOGBOOTS.COM E-mail address: (to be used for future annual report notification) matter, please call: 234 Area Code Daytime Telephone Number mount: cilling Fee & S60.00 Filing Fee, cate of Status (additional copy is enclosed) Certified Copy Certificate of Status Certified Copy Certificate Of Status Certified Copy Certified Copy | |
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| | | Address | |
| • | DELRAY BEACH, FL 334 | 146 | |
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| | E-mail address: (1 | to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please ca | all: | |
| KAREN LUTHER | · | , | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KAREN LUTHER Name of Person BARKO LEX LLC Firm/Company 7565 IRON BRIDGE CIRCLE Address DELRAY BEACH, FL 33446 City/State and Zip Code CUSTOMERSERVICE@ALLDOGBOOTS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KAREN LUTHER Name of Person 234 738-2668 at (| | | |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | Certificate of Status | Certified Copy | Certificate of Status & |
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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 ARTICLES OF ORGANIZATION **OF**

| BARKO LEX LLC | |
|---|--|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on our records.) Liability Company) |
| he Articles of Organization for this Limited Liability Company lorida document number L11000141830 | were filed on 12/19/2011 and assigned |
| nis amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liab | ility company here: |
| g. | |
| e new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation:"LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 7565 IRONBRIDGE CIRCLE |
| Principal office address MUST BE A STREET ADDRESS) | DELRAY BEACH, FL 33446 |
| | |
| | 7565 IRONBRIDGE CIRCLE |
| nter new mailing address, if applicable: | DELRAY BEACH, FL 33446 |
| Mailing address MAY BE A POST OFFICE BOX) | |
| . | |
| . If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent: | |
| | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zip Code |
| ew 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 amsfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this accument 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, ar | id address o | f each person | being added |
|----------------------------------|------------|------------|-----------------|------------|--------------|---------------|-------------|
| or removed from our records: | , ", | , | | | | | |
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| .cument | s chective | uale on the | Departmen | it of State's r | ecoras. | | | | | | |
| <u>ote:</u> If t | he date inse | rted in this | block does | not meet the | applicable s | tatutory filir | ng requirem | ents, this | date wil | Irsuant to | isted |
| fective | date, if other | her than t | he date of | filing: | 3/2016 | 2 of files as a | noso the sign | _ (optio | nal) | | CA & A A |
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Filing Fee: \$25.00