

# L12000026728

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

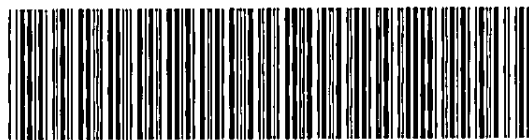
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAR 30 AM 9:44  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Bark Avenue 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:

Arina Stevenson

Name of Person

Bark Avenue LLC

Firm/Company

3127 Dow Court

Address

Deltona

City/State and Zip Code

arina.stevenson@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arina Stevenson

Name of Person

at ( )

Area Code

3869448692

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 MAR 30 AM 9:44

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

Bark Avenue LLC

(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 02/23/2012 and assigned  
Florida document number L12000026728.

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:**

3127 Dow Court Deltona, FL 32738

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

3127 Dow Court Deltona, FL 32738

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Arina Stevenson

New Registered Office Address:

3127 Dow Court

*Enter Florida street address*

Deltona

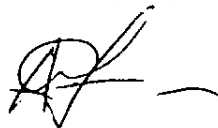
*City*

Florida 32738

*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>
MGRM	Amy S Neiman	1041 E. NEW YORK AVENUE	<input type="checkbox"/> Add
		DELAND, FL 32724	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arina Stevenson	3127 DOW COURT	<input checked="" type="checkbox"/> Add
		DELTONA, FL 32738	<input type="checkbox"/> Remove
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STATE OF FLORIDA  
COUNTY OF DELAWARE

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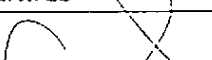
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 March 22, 2023

March 22 \_\_\_\_\_, 202



Signature of a member

Signature of a member or authorized representative of a member

AMY S NEIMAN

Amy Newman  
Typed or printed name of signee

ARINA

Stevenson

af

2023 MAR 30	AM 9:04
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**Filing Fee: \$25.00**