

L12 000 121703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

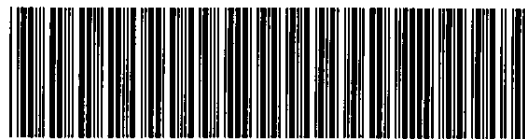
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L12-121703

MAY 14 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARLEY & SWINE 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:

Jorge I Ramos

Name of Person

BARLEY & SWINE

Firm/Company

26040 SW 132 AVE

Address

MIAMI FL. 33177

City/State and Zip Code

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

For further information concerning this matter, please call:

Jorge G. Ramos

Name of Person

at

365

Area Code

498-5046

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

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TALLAHASSEE, FLORIDA

BARLEY & SWINE LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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<u>MGR</u>	<u>ADAM UNDOFFER</u>	<u>6801 SW 94th Miami Fl</u> <u>33156</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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<u>MGR</u>	<u>Alexis UNDOFFER</u>	<u>6801 SW 94th Miami Fl</u> <u>33156</u> <u>(Please Remove Alexis)</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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CLERK OF STATE
TALLAHASSEE, FLORIDA

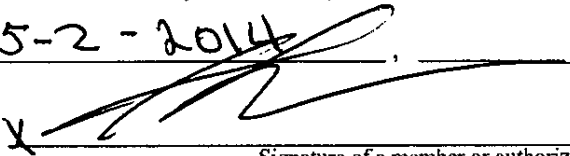
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5-2-2014



Signature of a member or authorized representative of a member

Jorge I Ramos MGR/RA

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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