Division of Corporations 2003-09 11 2003-20 18548 PST 18548 PT Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Please honor original date 01/09/2023

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Account Mimmer : FCA000000023 Phone : (954.208-0845) Fax Number : (614)575-3986

**Enter the email address for this cusiness entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BARBER MILCARSKY GROUP LLC

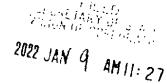
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	BARBER MILCAR		
(<u>Nasa</u>	ne of the Limit ed Liability Compa (A Florica Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for thi Florida document number 1130000		were filed on 12/27/2012	and assigned
This amendment is submitted to am	nend the following:		
A. If amending name, enter the n	new name of the limited liab	ility company here:	
ı√a			
The new name must be distinguishable and	d contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices addre	ess, if applicable:	515 Yucca Road	
(Principal office address MUST B	• •	Naples, FL 34102	
Enter new mailing address, if app	plicable:	n/a	
(Mailing address MAY BE A POS	ST OFFICE BOX)		
B. If amending the registered agagent and/or the new registered of		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered	Agent: n/a	*	
New Registered Office A	ddress: 515 Yucca F	oad	
Enter Florida street address		Enter Florida street address	
	Naples	, Florid	a 34102
	· · · · · · · · · · · · · · · · · · ·	City	Zip Code
New Registered Agent's Signature	if changing Registered Agent:		
I hereby accept the appointment provisions of all statutes relative accept the obligations of my postbeing filed to merely reflect a checompany has been notified in wr	e to the proper and complete sition as registered agent as sange in the registered office	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and Or, if this document is

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		n/a	□Add
			□Remove
			☐Change
			□Add
			□Remove
			[]Change
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	- Williams	

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