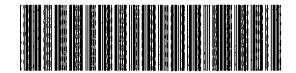
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SECRETARY OF SIMILE

C. LEWIS

MAR - 5 2013

EXAMINER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

BARBERA ITALIAN COFFEE OF AMERICA, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STORRS P. DUNKLIN, JR.

Name of Person

BARBERA ITALIAN COFFEE OF AMERICA, LLC

Firm/Company

12467 62ND ST N, SUITE 103

Address

LARGO, FL. 33773

City/State and Zip Code

CONTACT @ BARBERA-OFFEE. COM

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

For further information concerning this matter, please call:

STORRS P DUNKLIN, JR at 122 535-

Name of Person

Area Code & 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)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORFORATED

2013 MAR -4 AM 12: 46 ed 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 Florida document number L 13000009089 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address City

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	ELENA LUCA	104 11TH AVE S	(Add
MBR.	MATTHEWP. DUNKUR	SAFETY HARBOR, FL. V 6604 CHALICE ST	
		NEW PORT RICHEY, FL:	
			Add
			Remove
***************************************			Add
			Remove
			_
			Add
			REPUSION OF CONTROL S 2813 MAR - 4 AM
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			AN 12: 46

D. If an	neuding any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.) FILED SECRETARY OF STATE DIVISION OF CORPORATION	
		<b>2013 MAR</b> - 4	AM 12: 41
Dated _	28 FEBRUARY 2013.		
	Signature of a member or authorized representative of a member  STORES P. DUNKLIN JR  Typed or printed name of signee		<del>-</del>

Page 3 of 3

Filing Fee: \$25.00