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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Barrett Le Mieux Business Consulting 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:
Jennifer Le Mieux Name of Person
Barrett LeMieux Business Consulting LLC Firm/Company
1721 Alambra Circle Address
Apopka, FL 32703 City/State and Zip Code
jenny@blbusinessconsulting.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenni-fer LeMieux at (407) 617-4080 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certified Copy & Certi

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

Barrett LeMieux Busi (Name of the Limited Liability Compa (A Florida Limited I	ness Consulting L	LC
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000035597</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility 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)		- 1
		¥4. 6
Inter new mailing address, if applicable:		35 0 P
Mailing address MAY BE A POST OFFICE BOX)		TO 3 11
		\$ %
If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the ne
egistered agent and/or the new registered office address here	* •	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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 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 = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Sarah Barrett	300 Partridge Pea Ln	Add
		Ocoee, FL 34761	Remove
AMBR	Richard D. Tarr	3834 Twilight Drive Valrico, FL 33594	X Add
		Valrico, FL 33594	Remove
		- ALL	□ Add
		AHASSEE, FLORIDA	Remove
	<u> </u>		□ Add □ Remove

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	· Richard D. Tarr - 3% shares	
•	Richard D. Tarr - 3% shares Jennifer T. LeMieux - 97% shares	
E. Effec (The ef	tive date, if other than the date of filing:	
the da	ate this document is filed by the Florida Department of State)	
Dated	Signature of a member or authorized representative of a member	
	Tennifect. Le Milux Typed or printed name of signee	

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Filing Fee: \$25.00