L13000135294

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJ	ЕСТ:	BARL Q (Name of Limit	ited Liability Company		
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	e return all correspo	ndence concerning this matter	to the following:		
		Barbi	Name of Person LLC Firm/Company		
		8927 He	Address		
		TACKSONN Lerry 6 fre E-mail address: (1	City/State and Zip Code e m endows 666, Contro be used for future annual report notifications.	m ication)	5 (
For fu	rther information c	oncerning this matter, please ca	all:		î Îs
	Terry Wie	Person	at (904) 813 51 Area Code Daytime	Telephone Number	e and
Enclo	sed is a check for th	ne following amount:			
□ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny <u>as it now appears on our records.</u>) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 13000135296.	were filed on 9-23-2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3927 Herlong Rd ACKSONVIlle FL 32010
Enter new mailing address, if applicable:	2014
(Mailing address MAY BE A POST OFFICE BOX)	20 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	wRountree
New Registered Office Address: 8927	Hestons Lel I EnterFlorida street address
TACKS	City, Florida 30010 Zip Code
Now Degistered Agent's Signature if shanging Degistered Agents	

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 = Manager

AMBR = Authorized Member Title Name **Address Type of Action** LISA Rountère 8927 Herione Rd □ Add JACKSONVIlle FL 32210 Terry w Rountree 8927 Herling Rd HAdd JACKSONVILLE FC 30010 | Remove Dylan Rountree 8927 Helong Rol. ☐ Remove □ Add ☐ Remove □ Add □ Remove

	ate, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)
ne date this d	
ne date this d	ocument is filed by the Florida Department of State) 5-14 , 3614

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Filing Fee: \$25.00

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