

**L3000167A24**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200271697452

04/13/15--01027--021 \*\*25.00

**FILED**  
2015 APR 13 PM 4:11  
CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 23 2015  
CLERK OF STATE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BARMON CAPITAL GROUP, 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:

**CECILIA MONROY**

Name of Person

**MONROY & Co. PA**

Firm/Company

**8725 NW 18 Terrace # 201**

Address

**MIAMI, FL 33172**

City/State and Zip Code

**CECILIA@MONROYCOPA.COM**

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

For further information concerning this matter, please call:

**CECILIA MONROY**

Name of Person

**305**

at ( )

Area Code

**749-55555**

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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

2015 APR 13 PM 4:11

FILED

**BARMON CAPITAL GROUP, 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>
MGR	SAAD S BARHOUM	8725 NW 18 Terrace, Suite 201	<input type="checkbox"/> Add
		Miami, FL 33172	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2015 APR 13 PM 4:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_



Signature of a member or authorized representative of a member

Maria.C.Vargas.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 APR 13 PM 4:11  
CLERK OF STATE  
TALLAHASSEE FLORIDA