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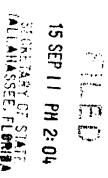
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Corp			:	
SUBJECT:	BARAKA PRO	PRETY AND	MANAGEMEN	t LLC
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Name of Person	LouR	
•	4	Firm/Company		
	8369	SAND POINTE	E BIVD	
	DR lan	Jdo FL 3 City/State and Zip Code	52819	
	E-mail address: (to be used for future annual re	port notification)	
For further information of	concerning this matter, please of			
Name o	SAD of Person	at (<u>407</u>) Area Code	580 - 3202 Dayrime Telephone Number	
Enclosed is a check for t	he 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	of Status &

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 Company (A Florida Limited Lia	AND MANAGEMENT LLC as it now appears on our records.) bility Company)	•
The Articles of Organization for this Limited Liability Company w Florida document number	1. 1. 10. 0	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability BARAKA PROPERTY AND MAN		
The new name must be distinguishable and contain the words "Limited Liability		.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·····
		,
Enter new mailing address, if applicable:		5 5
(Mailing address MAY BE A POST OFFICE BOX)		
ļ	S H	
B. If amending the registered agent and/or registered offi	ار الروايد الر	₽ [7]
registered agent and/or the new registered office address here:	ce 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:	ce address on our records, enter the name	_
Name of New Registered Agent:	ce address on our records, enter the name	_
registered agent and/or the new registered office address here:	Enter Provida street address	_
Name of New Registered Agent:	Enter Provida streer address , Florida	_
Name of New Registered Agent: New Registered Office Address:	Enter Provida streer address	_
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree	Enter Provida street address City , Florida Zip Code to act in this capacity. I further agree to com	ply with the
Name of New Registered Agent: New Registered Office Address:	Enter Porida streer address Florida City Florida Zip Code to act in this capacity. I further agree to comerformance of my duties, and I am familiar worlded for in Chapter 605, F.S. Or, if this doc	ply with the th and ument is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as	Enter Porida streer address Florida City Florida Zip Code to act in this capacity. I further agree to comerformance of my duties, and I am familiar worlded for in Chapter 605, F.S. Or, if this doc	ply with the th and ument is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	Enter Porida streer address Florida City Florida Zip Code to act in this capacity. I further agree to comerformance of my duties, and I am familiar worlded for in Chapter 605, F.S. Or, if this doc	ply with the th and ument is

