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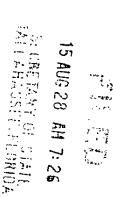
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BARNHART ECONOMIC SERVICES, LLC

Scott W Barnhart, PhD, President Alan Hodges, PhD 561-310-3357 scottwbarnhart@gmail.com www.barnharteconomicservices.com

Aug 25, 2015

Dear Sir/Madam:

My business partner and company member Derek Boirun, and I are sending this form to change the name of our company, please refer to the included form.

My return address is: Scott Barnhart 3875 Sunset Lane Riviera Beach, FL 33404

My phone number is: 561-310-3357

Scott Barnhart

COVER LETTER

10		istration Se ision of Cor			
STI	BJECT:		ORIDA REGIONAL CENTER	FITC	
30	DOLCI.		Name of Limi	ted Liability Company	
			Amendment and fee(s) are submindence concerning this matter (_	
			SCOTT W. BARNHART		
				Name of Person	
			BARNHART ECONOMIC	SERVICES, LLC	
				Firm/Company	
			3875 SUNSET LANE		
				Address	
			RIVIERA BEACH, FL 334	104	
				City/State and Zip Code	
			SCOTTWBARNHART@G	MAIL.COM to be used for future annual report not	
For	r further in	nformation c	oncerning this matter, please ca		incarculy
sc	OTT W.	BARNHAR'		561 310-3357 at ()	
		Name o	f Person	Area Code Daytir	ne Telephone Number
En	closed is a	check for th	ne following amount:		
	\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (addmonal copy is enclosed)	Cl \$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

USEGF FLORIDA REGIONAL CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Lamined)	cianiny Company)		
The Articles of Organization for this Limited L Florida document number <u>L14000144532</u>	iability Company	were filed on SEPTEMB	ER 10. 2014	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
FLORIDA FIRST REGIONAL CENTER, LLC				
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	ET_ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ecords, <u>enter t</u> l	he name of the new
Name Pagintared Office Address	N/A			28
New Registered Office Address:		Enter Florida street	address:	70 3 (7)
		City	<u> </u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			5 T
	_	_		-

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

$\mathbf{AMBR} = A$	tanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			[] Change
		N 30	
			☐ Remove
			C Change
			□ Remove
			Change
			C Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
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			☐ Change

N/A	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be paior to date of filing or : If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ing requirements, this date will not be listed as the
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of:
ne 90th day after the record is filed.	
, AUGUST 24 2015	
d A00051 24	
Signature of a member or authorized representativ	e of a member

Page 3 of 3

Filing Fee: \$25.00