4/18/2016

Division of Corporations

Florida Department of Stat

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Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	BARCGR	OUP, LLC		
SOLUE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 11t	h Flr.	•
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		Nicole.dorey@gmail.com	n to be used for future annual report notifi	cation)
For furth	ner information o	concerning this matter, please c		
Imelda	Vasque2		323 962-8600 ex	at 7950
	Name o	f Person		Telephone Number
Enclose	t is a check for t	he following amount:		
	00 Filing Fee	☐ \$30,00 Filing Fee &	■ \$55,00 Filing Fee &	□ \$60,00 Filing Fee,
_	ov I half I ov	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is mulescel)

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 Limi	led Liability Company as it now appe (A Florida Limited Liability Company	nrs on our records.)	
The Articles of Organization for this Limited L Florida document number L15000034068			nd assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the	words "Limited Liability Company," th	ne designation "LLC" or the abbrevia	rion "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>	<u></u>
		50 50 50 50 50 50 50	70 77
Enter new mailing address, if applicable:		وَكُونَ إِ	က ကေ
(Mailing address MAY BE A POST OFFICE	BOX)	20	270 11 12
		E S IA	T Marian
B. If amending the registered agent and registered agent and/or the new registered or	or registered office address of the saddress of the saddress here:	on our records, enter the n	ame of the new
Name of New Registered Agent:	Nicole R. Dorcy Dattolico		
New Registered Office Address:	4 Honeysuckel Hill		
Heat British of the United	Enter F	lorida street uddress	
	Flagler Beach	, Florida 32136	
	City	Zip	Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regineeing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of stored agent as provided for in registered office address, I her change.	of my duties, and I am familie Chapter 605, F.S. Or, if this	ar with and document is liability

MGR= N NMBR= A	lanager Authorized Member		
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Page 2 of 3

Article IV. Please upo	date AMBR Onique A.R. Udell M's name to	Monique A.R. Udell
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Effective date, if other the	an the date of filing:	(optional)
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