L150000 77149

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





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06/04/18--01025--012 **25.00

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FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barnett Investigative Group		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	oility Company were filed on 05/01/2015	and assigned
Florida document number 1.15000077149	_ :	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	•	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u>	the name of the n
		וררא הבייו
Name of New Registered Agent:		HI E T
New Registered Office Address:		11 F
	Enter Florida street address	P. 1: M
	Florida	別り
	City	Tim Charles

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gary S. Coffman		Add
		959 Macco Rd., Cocoa, Fl. 32927	■ Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
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					URILLA ORILLA	<u></u>
		06/01/2018				
tive date, if other than flective date is listed, the date	the date of filing must be specific and	g: I cannot be prior to	o date of filing or m	ore than 90 days afte	io nal) r filing.) Pursuant to	o 6 05.0
If the date inserted in this nent's effective date on the	s block does not n	neet the applical	ole statutory filin	g requirements, th	is date will not be	: liste
ecord specifies a delage e 90th day after the r			an effective t	ime, at 12:01	a.m. on the e	arlie
1 May 30		2018	_·			
	2					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee