L 15000083765

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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D. SCOTT





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2018

NATALL BARSALOU 621 2ND LN VERO BEACH, FL 32962

SUBJECT: BARSALOU VENTURES, LLC

Ref. Number: L15000083765

We have received your document for BARSALOU VENTURES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 418A00004193

RECEIVED

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DEPARTMENT OF STATE

AVISION OF CORPORATION

TALLAHASSEE, FLORID

www.sunbiz.org

COVER LETTER

Division of Cor			
Barsalou V SUBJECT:	entures, LLC		
	Name of Limi	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Natall Barsalou		
		Name of Person	<u> </u>
	Barsalou Ventures, LLC		
	-	Firm/Company	_
	621 2nd Lane		
		Address	
	Vero Beach, FL 32962		
		City/State and Zip Code	_
	office@morningstartshirts.e	to be used for future annual report notification)	~ ~·
For further information c	concerning this matter, please ca	·	TALLAHA
Natall Barsalou		951 743-2590 at ()	A 12
Name o	of Person	Area Code Daytime Telephone Num	NAR 12 A II:
Enclosed is a check for t	he following amount:		: 2
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & icd Copy onal copy is enclosed)
	Communication of ordinary	(additional copy is enclosed) Certif	ied Copy

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

Barsalou Ventures, LLC	
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L15000083765	y Company were filed on August 10, 2015 and assigned
This amendment is submitted to amend the following:	 · :
A. If amending name, enter the new name of the li	
The new name must be distinguishable and contain the words "f.	Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD)	DRESS)
	mg-750 p
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re-	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	ddress here:
Name of New Registered Agent:	~ m
New Registered Office Address:	FEB A D
	Enter Florida street address
	Florida F
	City Zin Code

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	James Barsalou	845 4th Court, #204	
		Vero Beach, FL 32960	■ Remove
			
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			☐ Change
			BRemove TAULAHASSEE FLO
			Restriove Change
			□ Aðd
			□ Remove
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			☐ Change

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E. Effective date	, if other than	the date o	f filing:					(optic	ORIGINAL ORIGINA ORIG	21	
(If an effective date Note: If the date document's effective date and document's effective date and document's effective date.	e is listed, the date ite inserted in th	e must be spec is block doe	cific and ca	nnot be pri- et the appl	or to date of icable stat			days after	filing.) Purs	arant to 60:	
If the record sp (b) The 90th d				te, but n	ot an ef	fective t	ime, at 1	.2:01 a	.m. on t	he earli	er of:
March 8	1.		1)	2018							
Dated	Mah	10/	<u></u>		·						
	-4/4/U	Signatu	re of a mei	mber or aut	horized rep	resentative	of a membe	r			
Note	ı v all Barsalou										

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00