## L15000094754

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J. HARRIS

## **COVER LETTER**

TO: Registration Sec Division of Corp			
Susan C. Ba	arber, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Bruce J. Barber		
		Name of Person	
		Firm/Company	
	5842 28th Street South		
		Address	
	St. Petersburg, FL 33712		
		City/State and Zip Code	
	pinellascyclist@gmail.com		
	E-mail address: (t	o be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	ıll:	
Bruce J. Barber		727 543-5738 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

Susan C. Barber, LLC				
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	<u>ars on our records.</u> ) )		
The Articles of Organization for this Limited I Florida document number L15000094754	iability Company were filed on	May 29, 2015 and assigned		
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:				
Enter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)	<b></b>		
	<del></del>			
Enter new mailing address, if applicable:		-9 P		
ailing address MAY BE A POST OFFICE BOX)				
	<del> </del>	S S		
3. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the		
Name of New Registered Agent:				
New Registered Office Address:	5842 28th Street South	lorida street address		
	St. Petersburg	oriaa street aaaress , Florida <sup>33712</sup>		
	City	Zip 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	<b>Type of Action</b>
AMBR	Susan C. Barber	5842 28th Street South	Add
		St. Petersburg, FL 33712	☐ Remove
			Change
			☐ Remove
			Add
			Remove
			☐ Change
			Add
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Filing Fee: \$25.00