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OCT 2 9 **2019** C Kinsey

COVER LETTER

TO: Registration Se Division of Con			
BARKLEY SUBJECT:			
SUBJECT:		ited Liability Company	
	Amendment and fee(s) are submondence concerning this matter	-	
,	Donato Pisani		
		Name of Person	
	Barkley 47 LLC		
		Firm/Company	
	1318 Via Portofino		
		Address	
	Naples, FL 34108		
		City/State and Zip Code	
	scaprepa@aol.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	ıll:	
Samuel J. Hagan, IV		239 334-1381 Ext	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he 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:

and the second

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARKLEY 47 LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on July 16, 2015	and assigned
Florida document number L15000122489		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		IS CCT III
Enter new mailing address, if applicable:		SS PR
(Mailing address MAY BE A POST OFFICE BOX)		F 6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Flori , Flori	da 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>	<u>Address</u>	Type of Action
AMBR	Mark Alexander		□ Add
		90 Alton Rd. #1708 Miami Beach, FL 33139	Remove
			Change
MGR	Donato Pisani	1318 Via Portofino Naples, FL 34108	Add
			☐ Remove
			Change
			Add
		·	Remove
			Change
			□ Add
			Remove
			Change
		·	Add
			☐ Remove
			Change
			Remove
			= 0

The Company shall be a manage	r-managed Florida limited li	ability company.
-		
	···	
	, . 	
ective date, if other than the da	te of filing:	(optional)
effective date is listed, the date must be	specific and cannot be prior to d	late of filing or more than 90 days after filing.) Pursuant to 605.0
ument's effective date on the Depa	tioes not meet the applicable riment of State's records.	e statutory filing requirements, this date will not be listed
record specifies a delayed e	fective date, but not a	n effective time, at 12:01 a.m. on the earlie
he 90th day after the record	is filed.	
C . 1 . 22	2010	
ed September 23	. 2019	
1, 11/1, 1	Pu.	
	nature of a member or authorize	vd conceentative of a member
	manare or a member of authorize	co representative of a memori
Donato Pisani	•	
	Typed or printed n	ame of signee

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Filing Fee: \$25.00