

L15000124434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

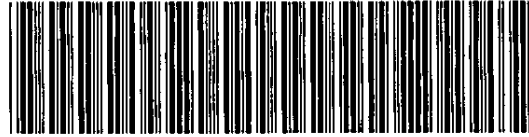
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400275494074

07/29/15--01021--005 \*\*25.00

FILED  
2015 JUL 29 PM 1:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL 30 2015

✓ SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARREY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES MCGONIGLE

Name of Person

JAMES T MCGONIGLE PA

Firm/Company

7027 W BROWARD BLVD #280

Address

PLANTATION FL 33317

City/State and Zip Code

JACKIMACK@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKI

954

583-6666

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



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>	<u>Type of Action</u>
AMBR	NELIDA BARBEITO	840 NW 57 CT	<input type="checkbox"/> Add
		FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NELIDA SUSANA BARBEITO	840 NW 57 CT	<input checked="" type="checkbox"/> Add
		FT LAUDERDALE FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2015 JUN 29 PM 1:34  
CLERK OF COURT  
ALACHUA COUNTY FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

WE ARE ADDING THE MIDDLE NAME OF SUSANA TO THE AMBR

2015 JUL 29 PM 1:24  
OFFICE OF STATE  
TALLAHASSEE FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

7/28/15

Signature of a member

JAMES MCGONIGLE

Typed or printed name of signee