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COVER LETTER

SUBJECT:	BARREY LLC	'	•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES MCGONIGLE		
		Name of Person	
	JAMES T MCGONIGLE	PA	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7027 W BROWARD BLV	/D #280	
		Address	
	PLANTATION FL 33317		
		City/State and Zip Code	
	JACKIMACK@COMCAS		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
JACKI		954 583-6666 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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:

TO:

Registration Section
Division of Corporations

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

BARREY LLC		
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	
(A FIORIGE	ned Elability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 7/21/2015	and assigned
Florida document number L15000124434		
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
	-	
Enter new mailing address, if applicable:		24,5 1
(Mailing address MAY BE A POST OFFICE BOX)		C.F.
		(n) 2
B. If amending the registered agent and/or registere	d office address on our records.	enter the name of the nev
registered agent and/or the new registered office address		
		유리 내
Name of Name Descriptional Assess		2 2
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
	, Flori	da
	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>	<u>Address</u>	Type of Action
AMBR	NELIDA BARBEITO	840 NW 57 CT	
		FT LAUDERDALE FL 33309	∃ Remove
			Change
AMBR	NELIDA SUSANA BARBEITO	840 NW 57 CT	■ Add
		FT LAUDERDALE FL 33309	□ Remove
			Change
			
			Remove
·			29 Add 1: Constitution of the constitution of
			☐ Change
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fective date, if oth	er than the d	ate of filin	g:				(optio	nal)		
an effective date is listed ote: If the date inser ocument's effective d	ed in this bloc	k does not i	neet the a	pplicable	ate of filing of statutory f	or more than Iling requir	90 days after : ements, this	filing.) Pursua date will no	ant to 60: ot be list	5.0207 ed as
e record specifies The 90th day aft	a delayed er the reco	effective orderd is filed.	date, bu	ıt not ar	n effectiv	e time, a	t 12:01 a	.m. on the	e earli	er of:
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