

# L15000175302

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ALBER TAX ACCOUNTANT  
Account Number : I20150000098  
Phone : (305)713-9142  
Fax Number : (815)550-9948

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ACC. ALBER@Hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARSAND INTERNATIONAL LLC

Certificate of Status	0
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JUN 28 2017

Y SULKER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BARSAND INTERNATIONAL LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/27/2017 and assigned Florida document number L15000175302.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1200 BRICKELL AVE

SUITE 1950

MIAMI, FL 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1200 BRICKELL AVE

SUITE 1950

MIAMI, FL 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

ALBERTO BARRIOS ZABALA

**New Registered Office Address:**

1200 BRICKELL AVE STE 1950

Enter Florida street address

MIAMI

Florida 33131

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	SANDERS, JUDSON L	9442 NW 120 ST # 422	<input type="checkbox"/> Add
		HIALEAH GARDENS, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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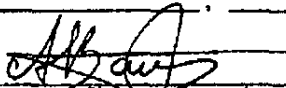
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 27 , 2017



Signature of a member or authorized representative of a member

**ALBERTO BARRIOS ZABALA**

Typed or printed name of signer

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