## L16000089277

(Re	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
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JUM 20 2013 J. BRUCE

## **COVER LETTER**

	egistration Sec vivision of Corp								
SUBJECT	Admending:	name of LLC							
SUBJECT		Name of Lim	nited Liability Company						
		Amendment and fee(s) are sub	-						
Please retu	ırn all correspon	dence concerning this matter	to the following:						
		Robert Gene Barnes Sr							
			Name of Person	·····					
		Robert Gene Barnes Sr LL	.c						
		3467 Brickell Court							
		Land O Lakes, FL 34639							
		City/State and Zip Code							
		robarnes3@bellsouth.net  E-mail address: (	to be used for future annual report notificat	tion)					
For further	information co	ncerning this matter, please c		•					
Robert Ge	ne Barnes Sr		404 388-7194	 ≥ ∞ 20					
	Name of	Person	Area Code Daytime Te	elephone Numbers 9					
Enclosed i	s a check for the	e following amount:							
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Robert Barnes, LLC				
( <u>Name of the Limited Liab</u> (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Florida document number L16000089277	Company were filed on May 6, 2016	<u> </u>	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
Robert Gene Barnes Sr, LLC				
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbro	viation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)			
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		nter th	e name	of the new
Name of New Registered Agent:		7	2(	
New Registered Office Address:			<del>-</del>	<b>TI</b> 3
New Registered Office Fladicists.	Enter Florida street address	ASSET C		
	City	- <u></u>	Zip Code	Ö
New Registered Agent's Signature, if changing Register	red Agent:	200	ω. Ö	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	l complete performance of my duties, and agent as provided for in Chapter 605, F.S cred office address, I hereby confirm that t	l am fan 5. Or, if	e to com niliar wi this doc	ith and ument is

## 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	Type of Action
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			□ Add
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	e date inserted					tutory filing	g requireme	nts, this da	te will no	ot be listed as
cument	s effective date	on the Dep	artment of S	state's reco	ords.					
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