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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Oπicer:	





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J. LEGGETT POV 1 6 2017

## COVER LETTER ,

TO: - Registration Section Division of Corporations
SUBJECT: Barabas Construction U.C. 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:
Larry Barabas Name of Person
Barabas Construction UC
Port Richael FL 34-1668  City/State and Zip Code
Linjul address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Larry Barabas at (727) 255-3394  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee & Certificate of Status  □ \$55.00 Filing Fee & Certificate of Status & 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

Name of the Limited Liability Compa (A Florida Limited)	thy as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $8 + 4072 $ .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7805 Arbordale	<u>D.</u>
(Principal office address MUST BE A STREET ADDRESS)	Port Richey, FL	34ida8_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7805 Arborda Port Richey, Fl	26 Dr. _ 34608
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		17 NO
New Registered Office Address:	Enter Florida street address	
		能力 の ED
	, Florida _	完神 Codo
New Registered Agent's Signature, if changing Registered Agent:		28

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 Title. Name Address **Type of Action** AMBR Leran Harris 8835 Denton Ave \_\_\_\_\_ Hudson, Fl 34/d67 - Remove \_\_□ Change 9451 Bancouver Rd. Prado AMBR Alex Lozada Spring HILL, FL 34608 - Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_\_ □ Change  $\square$  Add \_\_\_\_ □ Remove \_ Change \_□ Add ☐ Remove

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an effe	te-date, if other than the date of filing:
ocume	nt's effective date on the Department of State's records.
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
The	90th day after the record is filed.
atad	Vavember 8, 2017.

Page 3 of 3

Filing Fee: \$25.00