Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BARTER EXCHANGE, LLC

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COVER LETTER

т	HE BAR	TER EXCHANGE, LLC			
SUBJECT: _			ited Liability Company		- 11.7
The enclosed A	articles of a	Amendment and fec(s) are sub	mitted for filing.		
Please repun al	ll correspor	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
		***	Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N. Brand Blvd., 111	h Floor		
			Address		
		Glendalc, CA 91203			
			City/State and Zip Code	district (FFR) (or open group of the Aria R	
		Nemesb8@gmail.com			
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For further info	rmation co	ncerning this matter, please or	ail:		,c:
Cheyenne Mo	seley		800 773-0888 e.		
	Name of	Person	Area Code Dayting	e Telephone Number	
Enclosed is a ch	neck for the	following amount:			
☐ \$25.00 Filin	ng 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

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4.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BARTER EXCHANGE, LLC	
(Name of the Limited Liability Company as it now app (A Florida Luntied Liability Company	cars on our records.)
The Articles of Organization for this Limited Liability Company were filed on	06/29/2016 and assigned
Florida document number L16000124323	
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liability company	here:
Imagine Barter, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," of	he designation "LI,C" or the abbreviation "I,L,C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	É/ B
	3> 35
	2022
B. If amending the registered agent and/or registered office address	
registered agent and/or the new registered office address here:	Tri C. Dian congr.
Name of New Registered Agent:	
New Registered Office Address:	28
	lorida strest address
	. Florida
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

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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≖ M AMBR≖ A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Add
обору же уктуанур кен қ			☐ Remove
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If amending any other infor	mation, enter change(s) here: (Attach	additional sheets, if necessary.)	
			-
			-
			-
			-
Effective date, if other than t	the date of filing: annot be prior to date of receipt or filed date and	(optional)	-
the date this document is filed by the	annot be prior to date of receipt of rised date and a Florida Department of State)	calified he more than 90 days after	
Dated 8/13/16			
	Signature of a member of authorized repres	NOT	
	Robert Britt	emative of a member	
	Typed or printed name of si	ignee	

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ALLAHASSEE, FIRM

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