

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000162637

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000294263 3)))



H160002942633ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : I20090000078
Phone : (561) 801-7312
Fax Number : (561) 515-3904

16 DEC -1 AM 9:41

FILED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

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

Email Address: PKrasker@kraskerlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BARRISTER CONDO INVESTMENT, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

RECEIVED

2016 DEC -1 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2016
J. HARRIS

12/01/2016 15:54

(FAX)

P.002/005

110002942633

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARRISTER CONDO INVESTMENT, LLC

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:

PAUL A. KRASKER

Name of Person

LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/Company

501 SOUTH FLAGLER DRIVE, SUITE 201

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

PKRASKER@KRASKERLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA MURPHY

at (561) 515-4722

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

110002942633

116000294203 3
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

BARRISTER CONDO INVESTMENT, 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 8/30/2016 and assigned
 Florida document number L16000162637.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street 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

12/01/2016 15:54

(FAX)

P.004/005

1100002942633

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> | <u>Type of Action</u> |
|--------------|--------------|---------------------------|--|
| MGR | PAUL BALTRUN | 1615 FORUM PLACE | <input type="checkbox"/> Add |
| | | 5TH FLOOR | <input checked="" type="checkbox"/> Remove |
| | | WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
16 DEC
4:09 PM
1100002942633

1100002942633

12/01/2016 15:54

(FAX)

P.005/005

11000244.203 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 1, 2016

12

Signature of a member or authorized representative of a member

PAUL A. KRASKER, MANAGING MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

416 002942633

FILED
SECRETARY OF STATE
WASHINGTON, D. C.
16 DEC -1 AM 9:41