

L16000/168565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

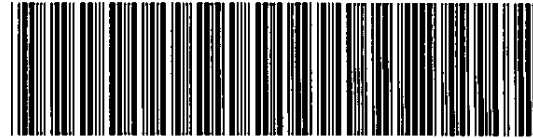
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 1:38

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K. SALY

SEP 28 2016

DeLoach & Peterson, PLLC

ATTORNEYS AT LAW

418 CANAL STREET
POST OFFICE BOX 428
NEW SMYRNA BEACH, FL 32170
(386) 428-2464
FAX (386) 423-9967

J. BOYD DELOACH
SID C. PETERSON II
PHILIP B. PETERSON
JAMES C. PETERSON
MATTHEW E. PETERSON

September 22, 2016

JAMES R. PROVENCHER

OF COUNSEL



REGISTRATION SECTION

Division of Corporations

P. O. Box 6327
Tallahassee, FL 32314

RE: Barry's Smyrna Hydraulics, LLC
Florida Document Number L16000168565
Our File No. 16-17238

Dear Sirs:

In regard to the above-referenced company, enclosed please find Articles of Amendment to add two (2) additional Managers to the company, along with this firm's check in the amount for \$25.00 for filing same.

Please forward confirmation of this addition to said company.

If you should require anything further to complete this request please contact this office.

Sincerely yours,

CHRIS REMINGTON
(Paralegal to the firm)

/cmr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARRY'S SMYRNA HYDRAULICS, 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:

JAMES C. PETERSON, ESQUIRE

Name of Person

DeLOACH & PETERSON, PLLC

Firm/Company

P. O. Box 428

Address

New Smyrna Beach, Florida 32170

City/State and Zip Code

Jpeterson@418canal.com

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

For further information concerning this matter, please call:

James C. Peterson, Esquire

Name of Person

at (386) 428-2464

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

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

BARRY'S SMYRNA HYDRAULICS, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 9, 2016 and assigned
Florida document number L16000168565.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

_____, **Florida**

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 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	BARRY A. OWNBY, JR.	1601 W CANAL STREET	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FLORIDA 32168	<input type="checkbox"/> Change
MGR	BRENDA-KERNS OWNBY	3990 BEXHILL DRIVE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FLORIDA 32168	<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

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 TALLAHASSEE, FLORIDA
 CLERK OF SUPERIOR COURT
 TALLAHASSEE, FLORIDA

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

N/A

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2019 SEP 26 PM 1:38
CLERK OF SUPERIOR COURT
FALLS CHURCH, VIRGINIA

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 9-19-16, _____.

BARRY A. OWNBY
signature of a member or authorized representative of a member
BARRY A. OWNBY

Typed or printed name of signee