## L16000179156

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

SUBJECT:	Barrett Limited LLC		
30 <b>b</b> 31.c1.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	V	enus A. Caruso	
		Name of Person	
	В	arrett Limited ELC	
	Firm/Company 6430 Anderson Way Ste A		
	64	30 Anderson Way Ste A	
	-	Address	<del></del>
	Me	elbourne, FL 32940	
		City/State and Zip Code	
		us caruso@neocousa com	<del></del>
	E-mail address: ()	to be used for future annual report notifi	scation)
For further information e	oncerning this matter, please ca	all:	
Venus A. Caru	so	561 508-3101 x	204
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing 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:

TO:

Registration Section Division of Corporations

> 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

Barrett Limited LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appearability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on_	09/26/2016	and assigned
lorida document number L16000179156			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	lity company h	ere:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the	
Inter new principal offices address, if applicable:	<del></del>		
Principal office address MUST BE A STREET ADDRESS)			2
			-   12
			H 11:
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			9
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here  Name of New Registered Agent:		n our records, <u>ent</u> e	er the name of the h
<del> </del>	•		
New Registered Office Address:	Enter Flo	orida sireet address	
		, Florida	
	Circ	1101104_	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p ccept the obligations of my position as registered agent as po eing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in	fmy duties, and Lan Chapter 605, F.S. O	n familiar with and r, if this document is
If Chan	ging Registered A	gent. Signature of New	Registered Agent

MGR = N AMBR = N	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NEOCO LLC	6757 N Wickham Rd	
		400T	
		Melbourne, FL 32940	Change
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			Remove Change
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			□ Remove
			Change
			Add
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	<del> </del>		
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			Charges !

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<u>ote:</u> If	the date inserted in this blo	date of filing:	uant to 605,0207 (7 not be listed as t
	rd specifies a delayed Oth day after the reco	effective date, but not an effective time, at 12:01 a.m. on thord is filed.	ne earli <b>e</b> r of:
ated	October 27	2017	
	•	Signature of a member or duthorized representative of a member	
		Venus A. Caruso	

Page 3 of 3

Filing Fee: \$25.00