# 16000206749

(R	Requestor's Name)	
Α)	ddress)	
<u> </u>	address)	
(C	City/State/Zip/Phone #)	
PłCK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 2/9/2021		**WALK IN**
ENTITY NAME BARKLE	Y CONSULTING ENGINEERING LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RET	TURN**
XXXX	Plain Copy	on a second
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICA	TION**
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICATI		
TOTAL OWED \$25.00	ACCOUNT	#: I20160000072
Please call Tina at the	above number for any issues or concern	s. Thank you so much!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARKLEY CONSULTING ENGIN				
( <u>Name of the Limited</u> (/	I Liability Company as it now app V Florida Limited Liability Compan	oears on our records.) (y)		
The Articles of Organization for this Limited Lia	bility Company were filed on	11/10/2016	and as	signed
Florida document number 1.16000206749				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company	here:		
EMLAVI USA LLC				
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," th	he designation "LLC" or	the abbreviation "L	.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>	<del></del>
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>		6.5) 7.3	
			J	1
				-
B. If amending the registered agent and/or reg		r records, <u>enter the</u>		<u>w registerec</u>
agent and/or the new registered office address	<u>here</u> :		新 · · · · · · · · · · · · · · · · · · ·	· ·
			inivi co	"Victor"
Name of New Registered Agent:			m G	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			•	
	Enter i	Florida street oddress		
		Florid		
	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

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>	Address	Type of Action
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ffecti	ve date, if other than the date of filing:(optional)	
f an effe <u>Sote:</u>	ve date, if other than the date of filing:  (optional)  extive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste ent's effective date on the Department of State's records.	
record d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated _	February 8	
	Signature of a member or authorized representative of a member	
	Jeffrey W. Reynolds, Authorized Member	

Filing Fee: \$25.00