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2019 MAY - 9 PH 12: 15

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COVER LETTER

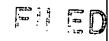
TO:	Registration Se Division of Co		*					
CHDI		BARBIE LLC						
SODAL	ECT:		nited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.					
Please	return all correspo	ondence concerning this matter	to the following:					
		TIMEA MARIA TORO V	/ERES					
			Name of Person					
		HORROR BARBIE LLC						
			Firm/Company					
	1450 ATLANTIC SHORES BLVD APT 321							
			Address					
		HALLANDALE BEACH	, FL 33009					
			City/State and Zip Code					
		TIMITORO@HOTMAIL.	СОМ					
		E-mail address: (to be used for future annual report notifi	cation)				
For furt	her information co	oncerning this matter, please c	all:					
TIMEA	A M. TORO VER	ES	954 681-6033					
	Name of	f Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for th	e 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:

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
Fallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY -9 PM 12 15

HORROR BARBIE LLC

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

· · · ·	The County Company
The Articles of Organization for this Limited Liabi	
Florida document number L17000004215	·
This amendment is submitted to amend the following	ug:
A. If amending name, enter the new name of the	e limited liability company here:
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	e:
(Principal office address MUST BE A STREET A	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>
R. If amonding the registered agent and/or	internal off
registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	· ·
New Registered Agent's Signature, if changing Regis	tered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as registere	gent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605. F.S. Or, if this document is stered office address. I hereby confirm that the limited liability age.
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Title** Name **Address** Type of Action GABOR VERES 1450 ATLANTIC SHORES MGR BLVD # 321,HALLANDALE **■** Add _□ Remove _□ Change □ Add □ Remove _□ Change _ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change _□ Add _□ Remove □ Change □ Add □ Remove

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Effective date, if an effective date in Note: If the date document's effective date document's effective date.	inserted if	i unis diock	aces not	meet the app	rior to date o	of filing or mor tutory filing	(c than 90 days requirements	optional) after filing.) P . this date wi	ursuant to 605.02 If not be listed
e reco <u>r</u> d spec The 90th da	cifies a d y after tl	elayed ef he record	fective is filed	date, but I.	not an e	ffective tir	ne, at 12:0)1 a.m. or	the earlier
Dated MAY, 6T	Η			2019	·				
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Page 3 of 3

Filing Fee: \$25.00