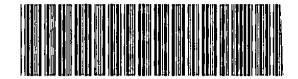
L17000036276

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section Division of Corporations

TO:

	Construction LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Richard Barberi		
		Name of Person	
	Barberi Construction LLC		
		Firm/Company	
	4109 W Gadsden st		
		Address	
	Pensacola, FL 32505		
		City/State and Zip Code	
	barberibecca40@gmail.com		
	E-mail address:	to be used for future annual report no	tification)
For further informati	on concerning this matter, please of	rall:	
Brett Birmingham		850 <u>934</u>	
Na	me of Person	Area Code Daytii	me Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 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)
Division (P.O. Box	on Section of Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barberi Construction LLC			
(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Lia	ability Company we	re filed on	and ass
Florida document number L17000036276	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabilit	v company here:	
Barberi Fence LLC			
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L
Enter new principal offices address, if applica	ıble: _	 	
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	-	lress on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		. Flor	ida
		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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
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-	
	Analysis (Construct)
Note: If	date, if other than the date of filing:
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte
Dated	11/17/2022 7BG / Are a =
	Signature of a member or authorized representative of a member
	Richard Barberi
	Typed or printed name of signee

Filing Fee: \$25.00