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COVER LETTER

Division of Corp		,		·
SUBJECT:	arant Prop	evtil	es LL	-C
<u> </u>	Name of Limited		npany	
The enclosed Articles of A	mendment and fee(s) are submitte	ed for filing		
Please return all correspond	dence concerning this matter to th	ne following	:	
	0	ļ	n .	
	Barba			
		Name of P	erson	
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	- 1	Firm/Con		
	1317 Ja	-mes	buny	Rd.
		Addre	i e	20.155
	Las ved	Jas,	NV	89135
	0 2 da mario 1	ity/State and	Rip Code D MOLIT	(6)00
	E-mail address: (to be	used for futu	regannual report noti	fication)
For further information cor	ncerning this matter, please call:			
Donatt An	thony Brown	90	n 57	0-114 \ 1
Name of I	Person	at (<u></u>	ode Daytim	e Telephone Number
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fil Certified (additional		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registrat Division P.O. Box	FG ADDRESS: ion Section of Corporations : 6327 see, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Barant	Prope	erties, LLC
(<u>Name of the Limited</u> (A	Liability Company Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liab Florida document number <u>L17000</u> 6	oility Company w 409.4	rere filed on March 21, 201 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liabili	ty company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	1317 Jamesbury Rd Las Vegas INV 89135
(Principal office address MUST BE A STREET	ADDRESS)	Las vegas in V 89135
		J
Enter new mailing address, if applicable:	ova.	1317 James bury Rd
(Mailing address MAY BE A POST OFFICE BO	<u>UX)</u>	1 - 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	1649	Enter Florida street address
	Cantor	ment Florida 32533
New Registered Agent's Signature, if changing Re-	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	and complete pered agent as progestered office adange.	to act in this capacity. I further agree to comply with the enformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this dominant SE CRETARY OF LARY OF LAR
	Pogo 1	ORI ORI

If amending or removed	Authorized Person(s) authorized to ma from our records:	nage, <u>enter the title</u>	e, name, and address of each person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Denitt A Brown	1317 3	egas, NV 89135 Remove
		Las V	egas, NV 89135 Remove
			Remove
			Change
			Add
		-	Remove
			Change
			Remove
			□ Remove
			□ Change
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	
·		
<u> </u>	<u> </u>	7A.F.
		CRETAR) LAHASS
		OF STATE
(If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab		
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not (b) The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlie	er of:
Dated Tanuary 26. 2018 Down		
Signature of a member or authori	zed representative of a member	
Barbara Brown	name of signee	
Typed or printed	name of signee	
Page 3	 	

Filing Fee: \$25.00