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	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	•
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M. MILLIGAN MAY 1 6 2017

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Barber & Associates Consulting 2LC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Rodney Barber Name of Person						
Barber + Associates Consulting LLC Firm/Company						
352 S. Checkerberry WAY						
Jacksonville, FL. 32259 City/State and Zip Code						
Rucharherologmail. Com E-mail address: (to be used or future annual report notification)						
For further information concerning this matter, please call:						
Rock Barber Name of Person at (904) Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status}\$\$\$ \text{\$\Bigcup \text{\$Certified Copy (additional copy is enclosed)}\$}\$\$ \text{\$\Bigcup \text{\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$}\$\$ \$\Bigcup \text{\$\Bigcup						

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Rodney Burber	352 S. Checkerberry Way Jacksonville, FC1 32259	d Add
			□ Remove
			☐ Change
MGR_	Rodney Barber		Add
			Remove
			Change
			Add
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b) Th	e 90th day after the record is filed.		
(If an e <u>Note</u> docu f the re	tive date, if other than the date of filing:	ot be liste	ed as the

Filing Fee: \$25.00