## L17000116113

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Doce	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
		ļ

Office Use Only



000299973350

06/12/17--01011--030 \*\*75.00

2017 JUN 12 PH 2: 50
SECRETARY OF STATE
TAIL AHASSEE FLORIDA

J. HARRIE

## **COVER LETTER**

Division of Corp	porations	, ". <u>*</u>	
CUDIECT.	B&R1	10 LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Roger Harshaw		
		Name of Person	····
•	B&R110 LLC		
		Firm/Company	
	PO Box 403		
•		Address	
	Inverness, CA 94937-0403		
		City/State and Zip Code	<del></del>
	rharshaw I @gmail.com		
	E-mail address: (t	o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ıll:	
David J. Rodziewicz, Esc		386 232-8824 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed 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:

TO:

**Registration Section** 

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

BARTIOLLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our record Liability Company)	ds.
	6/1/2017	and assigned
and assigned a document number L17000116113  Immendment is submitted to amend the following:  Immendment is submitted to amend the foll		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		70 2
Principal office address MUST BE A STREET ADDRESS		
-		3> T2
Enter new mailing address, if applicable:	PO Box 403	THE REPORT OF
Mailing address MAY BE A POST OFFICE BOX)	Inverness, CA 94937-0403	型型 の
		ls, enter the name of the
egister ou agent and or the real register to our to be		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
		lorida
	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>	<u>Address</u>	Type of Action
MGR	Barbra Leigh	PO Box 403	□ Add
		Inverness, CA 94937-0403	
			☐ Change
			Change
·MGR	Roger Harshaw	PO Box 403	□ Add
•		Inverness, CA 94937-0403	Remove
			☐ Change
			Remove
			☐ Change
			AS 28 Remove
			ARE TAPE
			PH SEE FLORIDA
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change

FEIN is 82-1746140				<del></del> -		
						<del>_</del>
			<u>.</u>			
				<u> </u>		
						_
			<u> </u>			
						_
•						
		· · · · · · · · · · · · · · · · · · ·				_
•			<u></u>	<del></del>		_
		<del></del> -				
						_
						_
ective date, if other than the effective date is listed, the date m	e date of filing:			(opti	ional)	
effective date is listed, the date m te: If the date inserted in this	ust be specific and oblock does not me	cannot be prior to eet the applical	date of filing or more le statutory filing	e than 90 days after requirements, thi	r filing.) Pursuant to is date will not be	605.0 listed
nument's effective date on the						
record specifies a delaye	ad affortivo de	ata but not	an offortive ti	ma at 12:01	a m on the ea	rlio
he 90th day after the re		ite, but not	an enective th	nc, at 12.01	a.m. on the ce	
		2017				
June 9	,	<del></del> 1				
June 9 ed	_					00
June 9 ed	A	=\AH			TAI	=
June 9 ed	Signature of à m	omber or author	ized representative of	f a member	SECRE	
June 9  David J. Rodziewicz,		ember or author	ized representative of	f a member	SECRETAF TALLAHAS	I NOL
ed	Esq.	omber or author		f a member	SECRETARY OF	M4 21 NUL 1105