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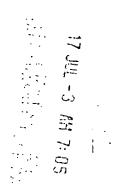
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	BAB	ited Liability Company	1/
The enclosed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	1 mot	Name of Person	
		Firm/Company	
	1112 0	XSocio L	Ane
	Nuple.	City/State and Zip Code MEDIA HA	34105 mplosicom
			ication
	ncerning this matter, please ca	at (239) 40 Area Code Daytime	U - J > 50 Telephone Number
Enclosed is a check for the	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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAROLED LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 6-16-17 Florida document number 370 455 1909 - 1000 p +	and assigned
This amendment is submitted to amend the following: 747724 - Ap.	sual cone
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, enteregistered agent and/or the new registered office address here:	r the name of the new
Name of New Registered Agent:	~-
New Registered Office Address:	
Enter Florida street address	
City	Zip Code:
New Registered Agent's Signature, if changing Registered Agent:	<u>≥</u>

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> Address Type of Action Mar John Leonaro 1112 OxorD LAMEX Add □ Add _□ Remove _□ Change ___ 🗆 Add ☐ Remove __ 🗆 Change _

Remove ____ 🗆 Change _ 🗖 Add _□ Remove _□ Change □ Add _□ Remove

_ Change

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Page 3 of 3

Filing Fee: \$25.00