## 11700144948

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## **COVER LETTER**

TO: Registration So Division of Cor			
	try Barn Rd W, LLC	1	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Schmitt		
		Name of Person	
	Anthony, Allan & Quinn, I	nc.	
		Firm/Company	<del></del>
	1141 S. 7th Street		
		Address	
	Saint Louis, MO 63104		
		City/State and Zip Code	
	melisa.kallas@aaqmail.com		
For further information c	n-man address, (t	o be used for future annual report notifi dl;	canon)
Melisa Kallas		314 450-5902	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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, F1, 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

2801 Country Barn Rd W, LLC		
(Name of the Limited Liability Comp. (A Florida Lunted	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 7/6/17	and assigned
Florida document number L17000144948		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
2801 County Barn Rd W, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
		22 5 T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	SAA
	. 1	Florida
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	authorized Member		
<u>Title</u>	Name	Address	Type of Action
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If an effectiv <b>Note</b> : If th	e date is listed, the date must be s ne date inserted in this block o	pecific and cannot be prior ( foes not meet the applica	o date of filing or more the ble statutory filing rea	ian 90 days after fili mirements, this da	ng.) Pursuant to 605. te will not be fiste	.0201 :d as
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Filing Fee: \$25.00