

417000164818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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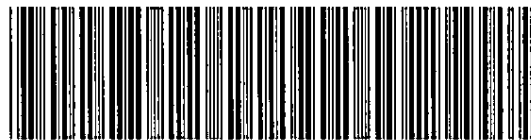
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

SEP 5 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BARRE'LETIXX LLC

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:

RONALD A. PLAZA

Name of Person

BARRE'LETIXX LLC

Firm/Company

18787 LINDEN DR

Address

CLINTON TOWNSHIP, MI 48036

City/State and Zip Code

RPLAZA1@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAWN PLAZA

586 286-6442
at () Daytime Telephone Number

Name of Person

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

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TALLAHASSEE
SECRETARY OF STATE
17

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARRE'LETIXX 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 8/2/17 and assigned
Florida document number L17000164818.

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 "LLC."

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

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, 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>	<u>Type of Action</u>
MGR	STEFANIE KWIATKOWSKI	1725 BURNS ST.	<input checked="" type="checkbox"/> Add
		DETROIT, MI 48214	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	DAWN R. PLAZA	18787 LINDEN DRIVE	<input checked="" type="checkbox"/> Add
		CLINTON TWP, MI 48036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 11:41 AM
 CLINTON TWP, MI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN NUMBER ISSUED: 82-2447248

[illegible]

E. Effective date, if other than the date of filing: 8/29/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 28TH 2017

Signature of a member or author

TITLE; MGR/RESIDENT AGENT/

Typed or printed name of signee

FILED
SEP - 1 PM 3:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FLORIDA DIVISION OF CORPORATIONS

LLC NAME: BARRE'LETIXX LLC
DOCUMENT #: L17000164818
FEI/EIN #: 82-2447248

RESIDENT AGENT: RONALD A. PLAZA
3945 TOLLHOUSE DR #902
NAPLES, FL 34114

MEMBERS:

TITLE MGR: PATRICK S. MILLER
440 CHEVIS ROAD
SAVANNAH, GA 31419

TITLE MGR/RES AGENT: RONALD A. PLAZA
18787 LINDEN DR
CLINTON TOWNSHIP, MI 48036

TITLE MGR: STEFANIE KWIATKOWSKI
1725 BURNS ST
DETROIT, MI 48214

TITLE CFO: DAWN R. PLAZA
18787 LINDEN DR
CLINTON TOWNSHIP, MI 48036

PLEASE MAKE THE FOLLOWING INFORMATION ADDITIONS TO
BARRE'LETIXX LLC "FLORIDA LIMITED LIABILITY COMPANY" INFO.

REGARDS,

RONALD A. PLAZA
MGR/RESIDENT AGENT
BUSINESS MAILING ADDRESS
7205 STERLING PONDS COURT
STERLING HEIGHTS, MI 48312

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