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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

| | RRON I | NDUSTIRES, LLC | | | | | |
|---|-------------------|--|---|---|--|--|--|
| SUBJECT: | | Name of Lim | ited Liability Company | | | | |
| The enclosed Art | icles of a | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all o | correspo | ndence concerning this matter | to the following: | | | | |
| | | PETER E. MORGAN, ESC | Q. | | | | |
| | | | Name of Person | | | | |
| | | MORGAN EASLEY, LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 555 SUN VALLEY DR ST | TE J4 | | | | |
| | | | Address | | | | |
| | | ROSWELL GA 30076 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | pm@morganeasley.com | | | | | |
| | | | to be used for future annual report no | ufication) | | | |
| For further inform | nation co | oncerning this matter, please ca | all: | | | | |
| PETER E. MORGAN, ESQ. | | 770 383-4660 at () | | | | | |
| | Name of | Person | Area Code Daytii | me Telephone Number | | | |
| Enclosed is a che | ck for th | e following amount: | | | | | |
| ■ \$25.00 Filing | g 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) | | | |
| | Address | | Street Address: Registration S | ection | | | |
| Registration Section Division of Corporations | | | Division of Corporations | | | | |
| | ox 632 assee F | 7 FL 32314 | The Centre of 2415 N. Monre | Tallahassee oe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BARRON INDUSTIRES, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | iny as it now appears on our records.) Liability Company) | - |
| The Articles of Organization for this Limited Liability Company | were filed on <u>09/26/2017</u> | and assigned |
| lorida document number L17000199671 | | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liab | oility company here: | |
| BARRON INDUSTRIES, LLC | | |
| he new name must be distinguishable and contain the words "Limited Liab | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 2019[|
| | · | - Ö |
| | | -9 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | Liability Company here: Liability Company." the designation "LLC" or the abbreviation "L.L. S) 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | <u> </u> |
| | | 5 |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, enter th | e name of the new registo |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | |
| | 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> | Address | Type of Action |
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| If an effect <u>Note:</u> If | e date, if other tive date is listed, t the date inserted it's effective date | the date must be s d in this block o | pecific and o loes not me | cannot be price eet the appl | or to date of fi icable statut | iling or more t | | after filing.) P | | |
| | rd specifies a Oth day after | | | ate, but n | ot an effe | ective time | e, at 12:0 |)1 a.m. or | n the earlie | r of: |
| Dated | ecember 2 | | . | 2019 | · | | | | | |
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