## 117000225282

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only



900351340499

09/01/20--01022--004 \*\*25.00





## **COVER LETTER**

Registration Section
Division of Corporations

TO:

| Barillas Building and Design LLC SUBJECT:  Name of Limited Liability Company |  |   |               |  |  |
|--|--|---|---------------|--|--|
|  |  |   |               |  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  |               |  |  |
| Please return all correspo   | ondence concerning this matter               | to the following:   |               |  |  |
|  | Veronica Barillas                            |   |               |  |  |
|  |  | Name of Person  |               |  |  |
|  | Barillas Building and Desi                   | gn LLC  |               |  |  |
|  |  | Firm/Company  |               |  |  |
|  | 8760 NW 111th Ct                             |   |               |  |  |
|  | <del></del>                                  | Address   |               |  |  |
|  | Doral, FL 33178                              |   |               |  |  |
|  | <del></del>                                  | City/State and Zip Code   |               |  |  |
|  | veronica@barillasbuilding.                   |   |               |  |  |
|  | E-mail address: (                            | to be used for future annual report notification)   |               |  |  |
| For further information of   | oncerning this matter, please c              | all:  |               |  |  |
| Veronica Barillas  |  | 813 562-1370<br>at ( )  |               |  |  |
| Name of Person   |  | Area Code Daytime Telephone Number  | _             |  |  |
| Enclosed is a check for the  | ne following amount:                         |   |               |  |  |
| ☐ \$25.00 Filing Fee   | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Cop (additional copy | Status &<br>y |  |  |
| Mailing Address: Registration Section  |  | Street Address: Registration Section  |               |  |  |
| Division of Corporations P.O. Box 6327                                       |  | Division of Corporations The Centre of Tallahassee  |               |  |  |
| Tallahassee, FL 32314  |  | 2415 N. Monroe Street, Suite 810  |               |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L17000225282 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Barillas Building LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 8760 NW 111th Ct Enter new principal offices address, if applicable: Doral, FL 33178 (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 \_\_

## New Registered Agent's Signature, if changing Registered Agent:

Barillas Building and Design LLC

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.

City

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 |
|--------------|-------------|---------|----------------|
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         | ☐ Change       |
|              |             |         |                |
|              |             |         |                |
|              |             |         | Change         |
| ·-·          |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         |                |
|              |             |         |                |
|              |             |         | □Remove        |
|              |             |         | □ Change       |
|              |             |         | □Add           |
|              |             |         | □Remove        |
|              |             |         |                |
| <del></del>  |             |         | □ Add          |
|              |             |         | □Remove        |
|              |             |         | □Change        |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                    |  |
|--|--|
|  |  |
|  |  |
|  | <del></del>  |
|  |  |
|  |  |
|  | <u> </u>   |
|  |  |
|  | <del></del>  |
|  |  |
| <del> </del>   |  |
|  |  |
|  |  |
|  | <del></del>  |
|  |  |
|  |  |
|  | ······································               |
|  |  |
|  |  |
|  |  |
| 08/01/2020   |  |
| E. Effective date, if other than the date of filing:   | ursuant to 605.0207 (3)(t<br>Il not be listed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 record is filed. | Oth day after the                                    |
| Dated August 1st 2020  |  |
| Company  |  |
| Signature of a member or authorized representative of a member   |  |
| Veronica Barillas  Typed or printed name of signee   |  |