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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barre Finesse, Name of Limited Liability Compa	LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anita Hop	re
Name of Pers	on
Barre Finesse	LLC
210 NW 48th	Street
Address	
Miami, FL 3	3150
City/State and Zip	o Chde
E-mail address: (to be used for futury	annual report notification)
For further information concerning this matter, please call:	
Anita Hope at 186	385-2353
Nume of Person Area Co	de Daytime Telephone Number
Enclosed is a check for the following amount:	1
S25.00 Filing Fee Scrifficate of Status S55.00 Filing Certified Conditional control of Status S55.00 Filing Fee Scriffied Conditional Control of Status S65.00 Filing Fee Scriffied Control of Status S65.00 Filing Fee Scri	

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

Barra Tina	992 118
Name of the Limited Liability Compan	y as It now appears on our records.)
(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company	were filed on 01/10/2018 and assigned
Florida document number <u>L/8,0000 981.7</u>	
• • •	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 TAC
(Principal office address MUST BE A STREET ADDRESS)	JA (>?
	AS AS
	SEI SEI
Enter new mailing address, if applicable:	2 000
(Mailing address MAY BE A POST OFFICE BOX)	3. Con Sign (1) Sig
	2 Ou
B. If amending the registered agent and/or registered off	
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 agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title **Type of Action** MGR Anita Hope 210 NW 98th St. HIAMI, PR 3313 Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

☐ Change

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an offective date is listed ote: If the date inser	d, the date must be specific ar ted in this block does not late on the Department of	nd cannot be prior to date of meet the applicable sta	of filing or more than 90 da ututory filing requiremen	(optional) Tys after filing.) Pursuant to 6 Tits, this date will not be li	io5.0207 (isted as t
	a delayed effective er the record is filed		ffective time, at 12	::01 a.m. on the ear	dier of:
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	Signature of a	member of authorized re	presentative of a member		

Page 3 of 3

Filing Fee: \$25.00