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DIVISION OF CORPORATIONS

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## COVER LETTER

TO:

TO:	Registration Se Division of Co			
SUBJE		ARKER SHOP, INC		
50001.	C1.	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		JENNIFER SANCHEZ		
			Name of Person	<del></del>
		BLUE'S BARKER SHOP,	INC	
			Firm/Company	
		6120 NW 114TH ST		
		·	Address	
		HIALEAH, FL 33012		
		<del> </del>	City/State and Zip Code	·····
		TRAMIPLUS@GMAIL.CO	OM to be used for future annual report no	at the ation 1
For furt	her information (	concerning this matter, please or	·	ancaron)
	FER SANCHEZ		786 925-8574	
		of Person	at ()	me Telephone Number
Enclose	ed is a check for t	the following amount:		
<b>≡</b> \$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)
		LING ADDRESS: tration Section	STREET/COUR Registration Sect	RIER ADDRESS:

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	nited Liability Comp (A Florida Limited	oany as it now appears on ( Liability Company)	our records.)		
The Articles of Organization for this Limited Torida document number L18000009960	Liability Company	y were filed on $\frac{01/11/2}{}$	018	and ass	igned
This amendment is submitted to amend the fo	llowing:				
. If amending name, enter the new name	of the limited lia	bility company here:			
BLUE'S BARKER SHOP, LLC					
he new name must be distinguishable and contain the	words "Limited Liab	oility Company," the design:	ation "LLC" or the abb	reviation "L.	L.C "
Enter new principal offices address, if appl	N/A	_			
Principal office address MUST BE A STRE					
·				<u>-</u>	
Enter new mailing address, if applicable:		N/A	<del> </del>		
Mailing address MAY BE A POST OFFICE	<u>Ε ΒΟΧ)</u>			-6-46	
3. If amending the registered agent an registered agent and/or the new registered			r records, <u>enter t</u>	the name	of the
egistered agent and/or the new registered	office address ne	<u>rre</u> ;			
Name of New Registered Agent:	N/A				0
	N/A	* ·		<del>,                                    </del>	SE/A
New Registered Office Address:		Enter Florida si	treet address	JA Z	<u> </u>
	N/A			29	07AT
		Cuy	Florida	Zip ( 🚾 e	<del>-200</del> 6
iew Registered Agent's Signature, if changing	Registered Agen	<u>t:</u>		•••	STA ARO
harehy recent the annointment as registe	red moent and no	oree to act in this cano	wite I further zara	ee to a <b>co</b> n	
New Registered Agent's Signature, if changing I hereby accept the appointment as registed provisions of all statutes relative to the pro- accept the obligations of my position as re-	red agent and ag per and complet	– gree to act in this capa te performance of my o	duties, and I am fa	ee to o	• • • • • • •

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>	Type of Action
	N/A	N/A	
			☐ Change
			Change
			□ Remove
			☐ Change
			Add
			Remove
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			Add
			BReniziy
			JANCHAREAN
		<del> </del>	TEO CORPOR SI
			FILEU FILEU SIATE SION OF CORPORATIONS
			□ Change

N/z		er change(s) here: (Attach additional sheets, if i	• ′	
_				
-	<del></del>			
-				
			<del></del>	
_				
Effective	e date, if other than the date of f	Filing: 01/10/2018 (c and cannot be prior to date of filing or more than 90 days	optional)	
<u>Note:</u> If	tive date is listed, the date must be specified. The date inserted in this block does to all seffective date on the Department.	not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.02, this date will not be listed:	207 ( as (
e reco The 9	rd specifies a delayed effection of the day after the record is file.	ve date, but not an effective time, at 12:6 led.	01 a.m. on the earlier	of
	ANUARY, 23	2018	c	>
Jated _		11 18 11/1	<b>16</b>	385
Dated		J LAND	<b>C</b> ÷:	ニつ
Dated	Signature	of a member or authorized representative of a member	JAN 2	
Dated		of a member or authorized representative of a member	<b>29</b>	CRETARY
Dated	Signature JENNIFER SANCHEZ	of a member or authorized representative of a member  Typed or printed name of signee	JAN 29 AN 8: 38	CRETARY OF S

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