# 118000022382

(Req	juestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER JUL 18 2018

### **COVER LETTER**

	egistration Sec ivision of Corp			
end need	Barman Rea	alty LLC		
SUBJECT	`:	Name of Lim	ited Liability Company	
The enclos	ed Anicles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Orencia Barzey		
			Name of Person	<del></del>
		Barzman Realty LLC		
			Firm/Company	<del></del>
		8320 W Sunrise Blvd Ste 3	209	
			Address	
		Plantation FL 33322		
			City/State and Zip Code	
		businessmanager@barzmar	alle.com to be used for future annual report notif	÷
For further	information co	n-mail address: (	·	ication)
Lamont Fi	nney		754 206-3300 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barzman Realty LLC			
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)	
The Articles of Organization for this Limited I Florida document number 1.18000022382	Liability Company were filed or	January 24 2018 and ass	igned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compar	<u>w here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L1.C" or the abbreviation "L.1	L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		ä	S≧
Enter new mailing address, if applicable:		טור ו	ECRETARY SION OF CO
(Mailing address MAY BE A POST OFFICE	<u> </u>	<del></del>	OF SIA
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address office address here:	s on our records, enter the name of	
Name of New Registered Agent:	Lamont Finney		
New Registered Office Address:	8320 W Sunrise Blvd Ste 209	)	
registered connect radicas.	Ente	r Florida street address	
	Plantation	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Rodney Henson	5341 NW 79th Ave	<b>=</b> Add
		Doral FL 33166	Remove
			Change
MBR	Farranah Pierre	8320 W Sunrise Blvd Ste 209	
		Plantation FL 33322	■ Remove
			□ Change
			Add
			□ Remove
			Change
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	fective date, if other tha	n the date of filing:		(ор	tional)	
ective date, if other than the date of filing: July 6 2018 (optional)	te: If the date inserted in t	his block does not meet t	he applicable statuto	ing or more than 90 days aft ry filing requirements, th	er filing.) Pursuant to 60; his date will not be list	5.020 ted a
ective date, if other than the date of filing:	cument's effective date on	the Department of State*	s records.			
ective date, if other than the date of filing:	record specifies a del The 90th day after the	layed effective date	, but not an effe	ctive time, at 12:01	a.m. on the earli	ier (
ective date, if other than the date of filing:	red 7/6/18					
ective date, if other than the date of filing:  In 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 605.020 ter. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	100 1/0 / 1/D	<del></del>	ncia / Ja			

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00