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(Re	equestor's Name)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Cor	rporations		
ORIGO LES CIPI			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
(additional copy is enclosed) Certified Copy			
	-	Name of Person	
	Barclay Home Improveme	ent, LLC	
		Firm/Company	.
Barelay Home Improvement, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Barelay			
		Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: arclay Name of Person Home Improvement, LLC Firm/Company d Ave. Address Beach, Fl. 32174 City/Nate and Zip Code meimprovement@gmail.com E-mail address: (to be used for future annual report notification) s matter, please call: at (\frac{386}{Area Code}) \frac{214-6882}{Daytime Telephone Number} amount: Filing Fee & S55.00 Filing Fee & Gertificate of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy	
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Robert Barclay Name of Person Barclay Home Improvement, LLC Firm/Company 830 Hand Ave. Address Ormond Beach, Fl, 32174 City/Ntate and Zip Code barclayhomeimprovement@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Barclay Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount:			
	Barclay Home Improvement, LLC Name of Limited Liability Company seed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Robert Barclay Name of Person Barclay Home Improvement, LLC Firm/Company 830 Hand Ave. Address Ormond Beach, FL 32174 City/Nate and Zip Code barclayhomeimprovement@gmail.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: arclay Name of Person Area Code Daytine Telephone Number is a check for the following amount: 10 Filing Fee Certificate of Status Certificate of Status & Certificate Of Synus & Certificate of Status & Certificate of St		
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For further information c		·	cation)
Robert Barclay			
Name o	d'Person	Area Code Daytime	Telephone Number
Barclay Home Improvement, LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. Robert Barclay Robert Barclay Name of Person Barclay Home Improvement, LLC Firm/Company 830 Hand Ave. Address Ormond Beach, FL 32174 City/Nate and Zip Code barclayhomeimprovement@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: obert Barclay Name of Person Area Code Daytime Telephone Number the closed is a check for the following amount: \$255.00 Filing Fee Certificate of Status Certificate Copy (addinosal copy is enclosed) Certificate of Status & Certificate Of Status & Certificate Copy (addinosal copy is enclosed)			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

Barclay Home Improvement, LLC		
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 02/12/2018	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		CR A
		TAR TAR HASS HASS
Enter new mailing address, if applicable:		—————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BO	<u></u>	二
		71 0m
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u>	ter the name of the nev
registered agent and/or the new registered office	et address here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid:	
	Cuy	Zip Code
New Registered Agent's Signature, if changing Re	gistered 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>	Name	Address	Type of Action
AMBR	Sarai Barclay		Add
MGR	Robert Barclay	830 Hand Avo. Ormand Beach	□ Remove PL 32 PL 32 17 U 1 X Add
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Effec	etive date, if other than the date of filing: 3/27/18 (optional) 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	
Note	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 it If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	605.0207 listed as
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ease 90th day after the record is filed.	ırlier of
Dated	March 27 . 2018.	
	Signature of a member or authorized representative of a member	-
	Dara Barchay	

Page 3 of 3

Filing Fee: \$25.00