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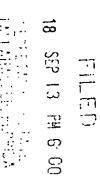
(Request	tor's Name)
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PICK-UP] WAIT MAIL
(Busines	s Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:

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COVER LETTER

TO: Registration So Division of Cou			
	ESTIES LLC		
SUBJECT:	Name of Lim	ited 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:	
	ANNACHRISTA MITISE	к	
	BARRE BESTIES LLC	Name of Person	
	4633 WEST LONGFELL	Firm/Company LOW AVENUE	
	TAMPA, FL 33629	Address	
	ACFABULOUS@HOTMA	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
ANNACHRISTA MITIS	SEK	813 833-8758	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

my as it now appears on our records.) Liability Company)			
were filed on APRIL 12, 2018 and assigned			
6			
Limited Liability Company as it now appears on our records. (A Florida Limited Liability Company) ed Liability Company were filed on APRIL 12, 2018 and resigned e following: me of the limited Liability company here: the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." pplicable: 4633 WEST LONGFELLOW AVENUE TAMPA, FL 33629 4633 WEST LONGFELLOW AVENUE TAMPA, FL 33629 and/or registered office address on our records, enter the name of the nevel office address here: Enter Florida street address			
oility company here:			
lity Company." the designation "LLC" or the abbreviation "L.L.C."			
4633 WEST LONGFELLOW AVENUE			
TAMPA, FL 33629			
4633 WEST LONGFELLOW AVENUE			
TAMPA, FL 33629			
Enter Elorida steat address			
Emier vuoruu sireet tuutiess			
, 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>	Address	Type of Action
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			□ Remove
			☐ Change
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ective date, if other than the neffective date is listed, the date mu	date of filing:	nnot be prior to	date of filing or mo	(opt re than 90 days afte	ional) er filing.) Pursuant t	o 605.020
ite: If the date inserted in this becument's effective date on the D	ock does not mee	et the applicat	ole statutory filing	requirements, th	is date will not be	e listed a
outhern welfootive tante vil the f	epartment or otal	ie s records.				
record specifies a delaye The 90th day after the rec		te, but not	an effective ti	me, at 12:01	a.m. on the e	arlier o
SEPTEMBER 7		2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00