11800/68358

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6. PRATHER

COVER LETTER

	Registration Sec Division of Corp					
		IY BARRIER, LLC	•			
SUBJEC	BJECT:Name of Limited Liability Company					
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspoi	ndence concerning this matter	to the following:			
		Nathan Green				
			Name of Person			
		Green Solutions Accoun	ting Firm inc			
			Firm/Company	- 		
		1404 N Ronald Reagan	Blvd			
			Address			
		Longwood, FI 32750				
			City/State and Zip Code			
		ngreen@greensaccountir	-			
			to be used for future annual report notific	cation)		
For furth	er information co	oncerning this matter, please ca	ili:			
Nathan	Green		321 363-4982 at ()			
	Name of	Person		Telephone Number		
Enclosed	is a check for th	e following amount:				
□ \$25.0	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

BREAK ANY BARRIER, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears of ida Limited Liability Company)	i our records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/12	
Florida document number L18000168358		P
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	₩ 01
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		or records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
	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, 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>	Address	Type of Action
AMBR	Richard Grannon	1404 N RONALD REAGAN BLV	
		Suite 1120	Remove
		Longwood, FL 32750	☐ Change
MBR	Richard Grannon	1404 N RONALD REAGAN BLV	
		Suite 1120	-
		Longwood, FL 32750	Chomas
			☐ Remove
			Change
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Remove
			Change
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			Remove
			☐ Change

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E. Effect	ive date, if other	than the date of f he date must be specifi	filing:	prior to data of fil	ing or more than Of	(optional) .) Pussiani	. to 605.05
Note:	If the date inserted	l in this block does	not meet the ap	oplicable statute				
docum	nent's effective date	on the Department	t of State's rec	ords.				
			_					
		delayed effecti the record is fi		t not an effe	ctive time, at	12:01 a.m.	on the	earlier
Dated	July 27th		2018					
						•	.51	co
			-					7:

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Typed or printed name of signee

Filing Fee: \$25.00