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COVER LETTER

	Registration Se Division of Cor						
oun ice		BERA L.L.C					
SUBJEC	1;	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Daniel Castro					
			Name of Person				
		DCR Corporate Services L	I.C				
			Firm/Company				
		1250 S Miami Ave, Apt 30	005				
			Address				
		Miami. FL 33130					
			City/State and Zip Code				
		dcastro@dcrcorporate.com					
		E-mail address: ()	to be used for future annual report notif	ication)			
For further	er information c	concerning this matter, please ea	ill:				
Daniel C	astro		312 4043060 at ()				
	Name o	of Person	at () Area Code Daytime	: Telephone Number			
Enclosed	is a check for t	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2020 HAY 28 PM 6: 45

THE BARBERA L.L.C

(Name of the Limited Liability Company as it now appears on our records:

(A Florida Limited Liability Company)

(A Florida Limited Liab	oility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on <u>08/06/2018</u>	and assigned
Florida document number L18000187222		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
D. IC.	d	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	aress on our records, enter the ha	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Cuy	лір Соае
New Registered Agent's Signature if changing Registered Agent:		

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
MISS	PERERA, MARIA E	11229 NW 87 ST	□Add
		DORAL, FL 33178	■Remove
			□Change
MGR	PERERA, MARIA E	11229 NW 87 ST	□Add
		DORAL, FL 33178	
			□Change
			\ _Add
			□Remove
			Change
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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Department of	ck does not meet the applicat	o date of filing or more than 90 date of filing or more than 90 date of statutory filing requirements	ys after filing.) Pursuant to 605.0207 (3)(its, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	date, but not an effective tim	ie, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
May 25th Dated	2020	2 4	
Dated		A. A.	

Filing Fee: \$25.00

Typed or printed name of signee