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PICK-UP	🔲 WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	Office Use Only	



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COVER LETTER

TQ: Registration Section Division of Corporations

BARLAS CHAMBERS O'REILLY WEALTH MANAGEMENT LLC SUBJECT:

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:

LEE BARLAS

Name of Person

BARLAS CHAMBERS O'REILLY WEALTH MANAGEMENT LLC

Firm/Company

905 E MARTIN LUTHER KING JR DRIVE STE 660

Address

TARPON SPRINGS FLORIDA 34689

City/State and Zip Code LEE@BARLASCHAMBERS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE BARLAS AMBR

727 474-0382

Name of Person

at (_____) ____ Area Code

Daytime Telephone Number

Enclosed is a check for the 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

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARLAS CHAMBERS O'REILLY WEALTH MA	ANAGMENTILLC 2019 JAN-2 AM 8:54
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compa	my were filed on AUGUST 30, 2018 and assigned
Florida document number 1.18000208615	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:
BARLAS O'REILLY WEALTH MANAGMENT LLC	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>
registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> nere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	GEORGE CHAMBERS	905 E MARTIN LUTHER KING JR DRIVE STE 660	🛛 Add
		TARPON SPRINGS FL 34689	
			Remove
			Change
			🗆 Add
			Remove
			Change
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

DECEMBER 26, 2018

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	December 26
	hunder
	Signature of a member of a member
	LEE BARLAS AMBR

Typed or printed name of signee

Filing Fee: \$25.00