

L18 0000 225 158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

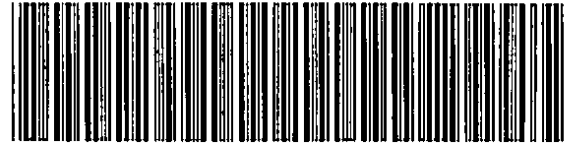
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2022  
S. PRATHER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Barefoot Designs, 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:

Barbara Bumgardner

\_\_\_\_\_  
Name of Person

Barefoot Designs, LLC

\_\_\_\_\_  
Firm/Company

410 Brevard Avenue

\_\_\_\_\_  
Address

Cocoa, FL 32922

\_\_\_\_\_  
City/State and Zip Code

barbara@barefootdesigns.net

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

For further information concerning this matter, please call:

Barbara Bumgardner

321 417-1400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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  
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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2022 APR 28 AM 7:32  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number 118000225158

**A. If amending name, enter the new name of the limited liability company here:**

Cocoi, FL 32922

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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**


[illegible]

[illegible]

(If an 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 605.0207 (3)(b)

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 April 25, 2022



Thomas A. Spina

Typed or printed name of signee

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA