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COVER LETTER

TO:	Registration Se Division of Cor	ction porations	r = 5							
SUBJE										
SUBJE	LI	Name of Limited Liability Company								
		Address Alachua, Florida 32615 City/State and Zip Code zazztazik@gmail.com E-mail address: (to be used for future annual report notification) primation concerning this matter, please call: er Name of Person Area Code Daytime Telephone Number Name of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)								
r rease r	ctum un correspo		to the following.							
		Barker Arts, LLC	Name of Person							
		7607 NW 205th St.	Firm/Company	<u>. </u>						
		Alachua, Florida 32615	Address							
		zazztazik@gmail.com	City/State and Zip Code							
		Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: Matthew Barker								
For furt	her information c	oncerning this matter, please co	oll:							
Matthey	v Barker		352 339-2998							
	Name o	f Person	Area Code Daytime	e Telephone Number						
Enclose	d is a check for th	ne following amount:								
\$25	.00 Filing Fee		Certified Copy	Certificate of Status &						

MAILING ADDRESS:

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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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 10, 2019 Florida document number L19000012825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation that the 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) B. If amending the registered agent and/or registered office address on our records, enter the nergistered agent and/or the new registered office address here:	Al Phisigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation that the 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) B. If amending the registered agent and/or registered office address on our records, enter the new mailing address.	
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the n	
registered agent and/or the new registered office address nere:	ame of the nev
Name of New Registered Agent: Matthew Barker	
New Registered Office Address: 7607 NW 205th Street	
Enter Florida street address	
Alachua Florida 32615	
City Zip New Registered Agent's Signature, if changing Registered Agent:	Code

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 Type of Action Name **Address** <u>Title</u> Matthew Barker 7607 NW 205th Street MGR Alachua, FL ■ Add □ Remove _□ Change 7607 NW 205th Street Matthew Barker **AMBR** Alachua, FL ■ Add Morgan Noble 7901 4th St N, St. Petersburg. FL **■** Remove □ Change □ Add □ Remove □ Change _□ Ad₫ ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

. If amend	ing any other info	mation, enter cl	hange(s) here:	(Attach addition	nal sheets, if nece:	ssary.)	
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	11/	Who Bo					
		Signature of a	member or author	ized representative	of a member		2019
	Matthew Barker	Martifi	hes B	acker		HAS	JAN 3
			Typed or printed	l name of signee		SEE. J	LED
			Page	3 of 3		SIAI FLOR	#: T
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