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COVER LETTER

TO: Re	gistration Sec vision of Corp	ction porations		
SUBJECT:		IBUTION LLC		
SUBJECT		Name of Lim	nited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspon	idence concerning this matter	to the following:	
		BARRINGTON JOILES		
			Name of Person	
		BRJ DISTRIBUTION LL	С	
			Firm/Company	
		455 WYMORE ROAD, 10	02	
			Address	
		ALTAMONTE SPRINGS	, FL 32714	
			City/State and Zip Code	·
		ruel60@gmail.com		
			to be used for future annual rep	ort notification)
For further i	nformation co	ncerning this matter, please ca	ıll:	
BARRING	TON JOILES		407 279-8 at ()	585
	Name of	Person		Daytime Telephone Number
Enclosed is	a check for the	following amount:		
\$25.00 1	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Link	His C	-
(A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.19000061317	Company were tiled on 03/04/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	nited liability company here:	
BARRINGTON JOILES LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		SEP
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		2
		Λ.c
3. If amending the registered agent and/or reg	istered office address on our records, g	
egistered agent and/or the new registered office ad	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			Remove
			Change
			Change
		_	Remove
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			Remove
			Change
			Remove
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Effective date, if other than the date in a effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	e specific and cannot be prior to d c does not meet the applicable	ate of filing or more than 90 a	(optional) Lays after filing.) Pursuant to 60 ents, this date will not be fis	5.0207 (ted as t
				ior of
ne record specifies a delayed e The 90th day after the record	ffective date, but not and is filed.	n effective time, at 1	2:01 a.m. on the earli	ier or.
ne record specifies a delayed e The 90th day after the record SEPTEMBER 12	ffective date, but not and is filed. 2019	n effective time, at 1	2:01 a.m. on the earli	ier or.
The 90th day after the record Dated SEPTEMBER 12	d is filed.			er or.