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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2019 OCT 10 PH 3: 15

C. GOLDEN 0CT 3 0 2019

COVER LETTER

SUBJECT:	BARRING	TON JOILES LLC					
SOLD DE L.		Name of Lin	nited Liability Company				
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		BARRINGTON JOILES					
			Name of Person				
		BARRINGTON JOILES					
Firm/Company							
455 WYMORE ROAD, 102							
	Address						
		ALTAMONTE SPRINGS, FL 32714					
		ruel60@gmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notifi	cation)			
For further int	formation co	oncerning this matter, please c	all:				
BARRINGTO	ON JOILES		407 279-8585				
Name of Person		Person		Telephone Number			
Enclosed is a	check for th	e following amount:					
■ \$25.00 Fil	ling 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:

:,

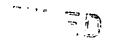
Registration Section Division of Corporations

TO:

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



BARRINGTON JOILES LLC

2019 CCT 10 PH 3: 15

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

ompany were filed on 03/04/2019	and assigned		
ited liability company here:			
ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."		
	·		
RESS)			
tered office address on our r ress here:	ecords, enter the name of the new		
Enter Florida stree	t address		
. Florida			
City	Zip Code		
	ted liability company here: ited Liability Company," the designation EESS) tered office address on our ress here: Enter Florida stree		

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
			Remove
			Change
			☐ Remove
			□ Remove
			Change
			□ Remove
			□ Change
		-	□ Remove
			☐ Change
			□ Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
• • • •		
•		
		
(If an e <u>Note</u>	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.	f:
Date	OCTOBER 7 2019	
Date		
	futin S Hut	
	Signature of a member or authorized representative of a member	
	CAROLYN S HUNT	

Page 3 of 3

Typed or printed name of signee