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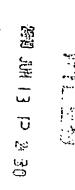
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## **COVER LETTER**

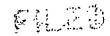
	istration Sec sion of Corp			
SUBJECT:	S. Barry, LL	C		
SOBILICA, F.		Name of Limi	ted Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for tiling	
Please return	all correspor	ndence concerning this matter	to the following:	
		Sondra Reifer		
		S. Barry, LLC	Name of Person	
		7783 LaCorniche Circle	FirmCompany	<del></del>
		Boca Raion, FL 33433	Address	
		Panarama93/g/gmail.com	City/State and Zip Code	
For further in	nformation ec			fication)
Margaret Dr	ummond		631 262-0411	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing eturn all correspondence concerning this matter to the following:    Sondra Reifer			
■ \$25 00 F	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Cluton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



S. Barry, LLV (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  $\frac{3/12/2019}{2}$ Florida document number  $\frac{1.19000069534}{}$ 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida 👱 Cin 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

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, it 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
MGR	Sondra Reifer	7783 LaCorniche Circle Boca Raton, FL 33433	
			☐ Remove
MGR	Margaret J Drummond		□ Add
		28 Nortolk Drive Northport, NY 11768	■ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			□ Remove
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			□ Change

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Page 3 of 3

Filing Fee: \$25.00