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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:		INVESTMENTS LLC		
JOBJECT.		Name of Limit	ed Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter to	o the following:	
		DAVID BARCO		
			Name of Person	
		BARCORO INVESTMEN	TS LLC	
			Firm/Company	
		3938 DERBY DRIVE		,
			Address	
		LAKELAND/FLORIDA 3.	3809	
			City/State and Zip Code	_
		davidbarcoro@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	11:	
Yolanda D	Delgado		863 258-8288	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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:

TO:

Registration Section

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

BARCORO INVESTMENTS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 9/12/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	vility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	2019 SE
	SE ST
	70: 6
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	(7) — ——————————————————————————————————
	- 10
B. If amending the registered agent and/or registered o	
registered agent and/or the new registered office address her	<u>·e</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
AMBR	YOLANDA D DELGADO	1114 Mayflower Dr. Lakeland, FL 33810	Add
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Remove
			Change
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lf an efi <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:
Dated	September 13th. 2019.	
	Septembly 13th. 2019. Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00