## L20000328214

(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	)
(Docur	nent Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filin	ng Officer:	





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## **COVER LETTER**

TO:

TO: Registration : Division of C		٠			
	E THABIT INTERIORS, LLC				
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	oondence concerning this matter	to the following:			
	BRYAN THABIT				
	<u></u>	Name of Person			
	BROOKE THABIT INTE	ERIORS, LLC	τ,	. 2	
		Firm Company		£21	Estre va
	541 NE 17TH STREET				earvara Call
		Address		: ળ	1
	BOCA RATON, FL 3343	2	[7] ca	PH 3:	\$ 8 4 (2017)
	BMTCPA1@GMAIL.COM	City/State and Zip Code		,	
	<del></del>	to be used for future annual report notifi	cation)		
For further information	concerning this matter, please c	all;			
BRYAN THABIT		561 302-8989			
Name of Person at ( at (			Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Certificate Cortained	"Status & Sy	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sectorial Division of Corporate Control Tage 2415 N. Monroe Tallahassee, FL.	oorations allahassee Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit (A Florida	ly Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on JULY 30, 2020	_ and assigned
Florida document number L20000228214	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
BAREFOOT INTERIORS, LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:	1465 1-1465	2021
<u> Principal office address MUST BE A STREET ADDR</u>	(ESS)	
		4 ;
	က်လ (၅) ရ	E 111
Enter new mailing address, if applicable:	ესი ————————————————————————————————————	ري ان (ن
Mailing address MAY BE A POST OFFICE BOX)	77 T.J. 173	<u> </u>
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, enter the name of	of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 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
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			□Change
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ective date, if other than the	ne date of filing: nust be specific and cannot be prior to	o date of filing or more than	(optional)	i Piersiiai	n to 605 03
te: If the date inserted in this	block does not meet the applical Department of State's records.	ble statutory filing require	ements, this date	will not	be listed
cord specifies a delayed effect s filed.	tive date, but not an effective tim	ne, at 12:01 a.m. on the ea	arlier of: (b) The	e 90th c	lay after th
ed APRIL 2	2021	<u> </u>			
To Ar	Signature of a member or author				