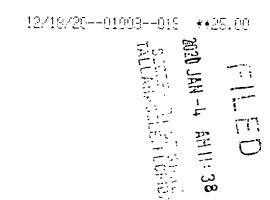
L20000315958

(Red	questor's Name)	
(Add	dress)	<u> </u>
(Ado	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	





600356697576







December 21, 2020

CAPITAL CONNECTION

SUBJECT: BARRON CAPITAL, LLC

Ref. Number: L20000315958

We have received your document for BARRON CAPITAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Signature page missing

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 820A00025814

CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sarron Capital LLC	C			
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	-	·		Art of Inc. File
				LTD Partnership File
			i ——	Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend. File
			<u> </u>	RA Resignation
				Dissolution / Withdrawal
			<u> </u>	Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Ficutious Owner Search
•			ļ	Vehicle Search
			<u> </u>	Driving Record
Requested by: SETH				UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

TO: Registration Division of C			
BARRO. SUBJECT:	N CAPITAL, LLC		
SUBJECT:	Name of La	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	EVAN R. MARBIN, ESÇ	PUIRE	
		Name of Person	
	EVAN R. MARBIN & A	SSOCIATES, P.A.	
		Firm/Company	,
	48 EAST FLAGLER STR	LEET, PH-104	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	SM@3MLAW.NET	to be used for fitture annual report no	utication)
For further information	concerning this matter, please c		
SHERRIE MARBIN		305 495-4175	
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 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 Addre Registration		<u>Street Address:</u> Registration Sc	ection
Division of	Corporations	Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARRON CAPITAL, LLC (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 OCTOBER 14, 2020 ____ and assigned Florida document number 1.20600315958 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 "L L.C." 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:

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

Enter Florida street address

_____, Florida ___

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

Title	<u>Name</u>	Address	Type of Action
MGR	JACOB BAMDAS	3267 SAINT ANNES DR	□Add
		BOCA RATON, FL 33496	
			□Change
MGR	DANIEL FISKE	1436 PRESIDENTIAL WAY	□Add
	MIAMI, FL 33179	∑ 3Remove	
			□Change
			
			Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
		🗀 Add	
			□Remove
			□ Change

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Note: 1	tree date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
r record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	December 30 2020
	ans D
	Signature of a meriter or authorized representative of a member

Filing Fee: \$25.00