

| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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02/15/21--01032--002 **25.00



COVER LETTER

| TO: | Registration Se Division of Cor | | | | |
|--------------|------------------------------------|--|--|--|--|
| SUBJ | ECT: | Barclay Cor | asultanting Group LLC | | |
| | | Name of Lim | ited Liability Company | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please | e return all correspo | ndence concerning this matter | to the following: | | |
| | | | Sonia Becerra | | |
| | | | Name of Person | | |
| | | | Sonia Becerra Name of Person Swyft Filings, LLC Firm/Company 3 Greenway Plaza #1320 Address Houston, Texas 77046 City/State and Zip Code filings@swyftfilings.com address: (to be used for future annual report notification) please call: at (877) | | |
| | | - | Firm/Company | | |
| | | 3 (| Greenway Plaza #1320 | | |
| | | | Address | ryft Filings, LLC Firm/Company nway Plaza #1320 Address ston, Texas 77046 s@swyftfilings.com | |
| | | | Houston, Texas 77046 | | |
| | | | City/State and Zip Code | | |
| | | | | | |
| For fu | arther information c | e-mail address: (oncerning this matter, please ca | | ication) | |
| | Sonia B | ecerra | at (877) 777-049 | 50 | |
| | Name o | f Person | Area Code Daytime | : Telephone Number | |
| Enclo | sed is a check for th | ne following amount: | | | |
| X \$1 | 25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy | |
| | Registr Divisio | ING ADDRESS: ation Section in of Corporations ox 6327 | STREET/COURING Registration Section Division of Corpora Clifton Building | n | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARCLAY CONSULTANTING GROUP LLC

| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears Liability Company) | on our records.) | | |
|---|--|-------------------|-----------------------------|------------------|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 11/30/202 | 0 and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabi | lity company he | <u>re</u> : | | |
| Barclay Consultin | ng Group LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company." the de | signation "LLC" o | r the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | 11_5 | School | Ave Grant | 2 |
| (Principal office address MUST BE A STREET ADDRESS) | -Fl, | 34461 | | _ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 11 S 3446 | School | Ave Leca | - - - - |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | our records, | enter the name of the | new |
| | | | 27 | - , |
| Name of New Registered Agent: | | | | _ |
| New Registered Office Address: | | | <u></u> | |
| | Enter Flori | da street address | | _ |
| | | | da | |
| | 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> Address $_{\rm I}^{-}$ Add __□ Remove _____ Change □ Remove _____ Change ☐ Add ☐ Remove _____ □ Change _□ Add □ Remove _□ Change __ □ Remove ☐ Change □ Remove

_____ Change

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| <u>le:</u> If the | te, if other than the dat ate is listed, the date must be late inserted in this block flective date on the Depar | does not mee | it the applical | o date of filing o ble statutory fi | more than 90 day ling requiremen | (optional) is after filing.) Purs is, this date will i | uant to 605.026 not be listed a |
| record s he 90th | pecifies a delayed ef day after the record | fective dat is filed. | e, but not | an effectiv | e time, at 12 | :01 a.m. on t | he earlier o |
| ed <u> </u> | 2/5/2021 × (| | 2021 | | | | |
| | | nature of a mer | nber or author | ized representat | ve of a member | | |
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Filing Fee: \$25.00