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COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: BARS HOMES "LLC". Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
THOMAS G MAHEN JR Name of Person
BART HOMES LLC Firm/Company
2730 VIA TIVOLI # 320A
CLEARWATER FL 33764 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS MAHEN JR at (813) 758-7774 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HOMES	LLC			
(Name of the Limited Liabi (A Florid	lity Company as it no da Limited Liability Co	w appears on our ompany)	records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L20000396</u>		od on12	118/20	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability com	pany here:			
The new name must be distinguishable and contain the words "Lii	mited Liability Compa	ny." the designation	on "LLC" or the abbrevia	ni me "L.L	C."
•	·		्रा • • • • • • • • • • • • • • • • • • •)21 ,	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>			
<u>(Principal office address MUST BE A STREET ADD</u>	<u> </u>		<u></u>	8	
			• • • • • • • • • • • • • • • • • • • •	سریر	
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Enter new mailing address, if applicable:				 _ယ	
(Mailing address MAY BE A POST OFFICE BOX)			1	8	
(Maning mairess MAY DE 71 1 051 011 1 CE BOA)					
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B. If amending the registered agent and/or registere	ed office address (n our records	enter the name of t	he new	registere
agent and/or the new registered office address here:		in our records,	cinci the name or	inc new	registere
Name of New Registered Agent:					
wante of New Registered Agent.					
New Registered Office Address:	-	r: r:	· · · · · · · · · · · · · · · · · · ·		
	,	Enter Florida stree	t address		
			, Florida		
	City		Zij	p 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>	Address	Type of Action
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<u>te:</u> If t	he date ins	erted in t	his bloc	k does no	t meet th	e applicab						not be list	
ument	's effective	: date on t	the Depa	artment o	f State's	records.							
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is filed.													
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