

K21 0000 28750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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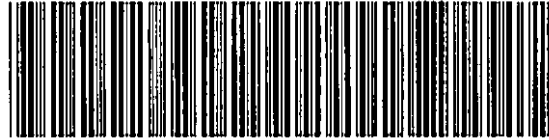
(Business Entity Name)

(Document Number)

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2021 JUL 16 AM 9:12
SECRETARY OF STATE
TALLAHASSEE FL

AUG - 1 2021
C. Kins

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barkhaven 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:

Jonathan Kuker

Name of Person

Barkhaven LLC

Firm/Company

1444 Alden Rd Apt 305

Address

Orlando FL 32803

City/State and Zip Code

johnny@barkhaven.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Kuker

828

421-0818

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:

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**

Barkhaven 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 1/12/2021 and assigned
Florida document number L21000028750.

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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jonathan Kuker	1444 Alden Rd Apt 305	<input type="checkbox"/> Add
		Orlando FL 32803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Westie Pup LLC	6511 Cay Circle	<input checked="" type="checkbox"/> Add
		Orlando FL 32809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlisle E. Craig	39 East Harvard St	<input type="checkbox"/> Add
		Orlando FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kyle Klinger	1071 Lake Baldwin Lane Apt 314	<input type="checkbox"/> Add
		Orlando FL 32814	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jacob Kuwik	2728 Dade Ave Apt 2111	<input type="checkbox"/> Add
		Orlando FL 32804	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Matt Craig	6511 Cay Circle	<input type="checkbox"/> Add
		Orlando FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Summary of changes per member

Johnny Kuker to Jonathan Kuker

Matt Craig to Westie Pup LLC

Cary Craig to Carlisle E. Craig

Kyle Klinger - address change

Jacob Kuwik - address change

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 7-14- 2021



Signature of a member or authorized representative of a member

Jonathan Kuker

Typed or printed name of signee