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COVER LETTER

TO:	₅ Registration Se Division of Cor	ction porations # 4	,	-
01101	12 July 1	BARRY CE	REATIONS LLC	
SUBJ	EČT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	: return all correspo	ndence concerning this matter	to the following:	
			NASREEN BARRY	
			Name of Person	
		BARRY CREATIONS LLC Name of Limited Liability Company riticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: NASREEN BARRY Name of Person FirmeCompany 2651 S COURSE DRIVE UNIT 210 Address POMPANO BEACH FL 33069 City/State and Zip Code S.BRIGHT91@ YAHOO.COM E-mail address: (to be used for future annual report notification) romation concerning this matter, please call: MILTON E. WILSON Name of Person T54 Area Code Daytine Telephone Number heck for the following annount: ng Fee \$30.00 Filing Fee & Certificat of Status Certified Copy (additional copy is enclosed) The Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations Box 6327 The Centre of Tallahassee		
		2651	BARRY CREATIONS LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: NASREEN BARRY Name of Person Firme Company 2651 S COURSE DRIVE UNIT 210 Address POMPANO BEACH FL 33069 City/State and Zip Code S.BRIGHT91@YAHOO.COM E-mail address: (to be used for future annual report notification) Perming this matter, please call: VILSON 754 Area Code Certificate of Status Registration Section Division of Corporations The Centre of Tallahassee	
			Address	fication) © \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ction porations Callahassee
		P(
			•	
		E-mail address: ()		
For fu	orther information e			
	MILTON	E. WILSON	_	
	Name o	f Person	Area Code Dayti	nie Telephone Number
Enclos	sed is a check for th	ne following amount:		
□s	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			section
			-	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARRY CREATIONS	STLC		
(Name of the Limited Liability Company (A Florida Limited La	v as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on02/	03/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
AL-ALIO TRADERS LLC			
he new name must be distinguishable and contain the words "Limited Liability	y Company," the design	nation "LLC" or the abb	previation "L.L.C."
Inter new principal offices address, if applicable:	N/A		
Principal office address MUST BE A STREET ADDRESS)	N/A		.~
	N/A		
			-
nter new mailing address, if applicable:	N/A		-
Mailing address MAY BE A POST OFFICE BOX)	N/A		•
	N/A		
s. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	ldress on our reco	rds, <u>enter the name</u>	of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
	Enter Florida :	street address	
	N/A	, 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 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
	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date,	if other than the date of	f filing:	N/A	(optional)	
i effective date	if other than the date of is listed, the date must be spece e inserted in this block doe	ific and cannot be price	or to date of filing or more	than 90 days after filing.) I	Pursuant to 605,020 sill not be listed a
	ctive date on the Departme			equirements, this date w	in nor the fisted to
cord specifie	s a delayed effective date, h	out not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
s tiled.					
		2024			
ed	APRIL, 08	2024	—· ~		
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			N		<u>.</u>
	Signatui	re of a member or aut	norized representative or	і шешреі	