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COVER LETTER

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	Registratio Division of	n Section Corporations					
SUBJEC		BARBEE LLC					
SOBJEC	. I ;	Na	me of Limited Liability Cor	npany			
The enclo	osed Article	s of Amendment and fee(s) are submitted for filing	, .			
Please re	turn all corr	espondence concerning th	is matter to the following	3:			
		JAMES BURNE	TT				
			Name of I	erson	-	_	
		ROBERT H MO	NTGOMERY III ESQ P	-			
			Firm/Con	npany		_	
		230 S BROAD S	T STE 305				
			Addre	SS		_	
		PHILADELPHIA	A PA 19102				
		<u></u>	City/State and	Zip Code		_	
			GOMERY-LAW.COM				
		E-mail	address: (to be used for futi	ire annual report not	tification)		
For furthe	er informatie	on concerning this matter,	please call:			77.	
JAMES I	BURNETT		215	731-1404 X	(9	4	@
	Naı	me of Person	at (Area (Code Daytin	ne Telephone Numb	er :	
						است	
Enclosed	is a check fo	or the following amount:				ري ري	•
■ \$25.0	00 Filing Fed	e \$30.00 Filing For Certificate of S	Status Certified		Certifie	Filing Fee ate of Status & d Copy >> al copy is enclosed)	j
] [Division o	on Section of Corporations		Street Address: Registration Sc Division of Co	rporations		
	P.O. Box 6 Fallahasse	ec. FL 32314		The Centre of ^{**} 2415 N. Monro	Fallahassee oe Street, Suite 8	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 03/10/2021 and assigned Florida document number L21000114019

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

Zin Code

New Registered Agent's Signature, if changing Registered Agent:

MBC BARBEE LLC

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>	Name	Address	Type of Action
AMBR	ASHLEY DUBOIS, DDS	4 Okahatchee Circle SE	■Add
		Fort Walton Beach, FL 32548	Remove
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Effective date, if other than the	date of filing:		(optional)	 	\supset
If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	ick does not meet the applica	able statutory filing re-	han 90 days after filing, quirements, this date) Plesuant to will not be	605.0207 (listed as t
e record specifies a delayed effective rd is filed.	e date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) Th	e 90th day a	ifter the
Dated JULY 22	. 2021				
	Samuel 8 July 20122, 2021 (1 53 CDT)				
	Compart B. Cole Jol 22, 2001 11 53 CDTS				

Filing Fee: \$25.00