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COVER LETTER

TO: Registration : Division of Co			
Barest LL	•		
		nited Liability Company	_
771			
	of Amendment and fee(s) are sub	-	
Please return all correspondences	pondence concerning this matter	to the following:	
	Matthew Dean		
		Name of Person	
	Barest LLC		
		Firm/Company	
	226 Hibiseus Ct		
		Address	702 2
	Orlando FL 32801		2023 FEB
	mttrlydn@gmail.com	City/State and Zip Code	
	_	(to be used for future annual report notification)	A OL 215 A DL 4:
For further information		·	STA.
Matthew Dean	concerning this matter, please c	407 312 7179	. TE 2
Prince Penn		at ()	
Name	of Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	0 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
<u>Mailing Addr</u>	ess:	Street Address:	
Registration	Section	Registration Section	
Division of P.O. Box 63	Corporations	Division of Corporations	
Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Barest LLC			
(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Li Florida document number		were filed on April 7, 2021	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica (Principal office address MUST BE A STREE		226 Hibiseus Ct Orlando FL 32801	2023 SEC Tec
Enter new mailing address, if applicable:		226 Hibiscus Cı	FEB -3 P
(Mailing address MAY BE A POST OFFICE BOX)		Orlando FL 32801	71.3 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:			iter the name of the new regist
New Registered Office Address:	226 Hibiscus C		
		Enter Florida street ac	
	Orlando ————————————————————————————————————		. Florida 32801 Zip Code
New Registered Agent's Signature, if changing R	tumbanad Au	(iii,	Zip Coae

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>	Address	Type of Action
MGR	MARGARET M NAVARRO	7940 BATES RD	
		ORLANDO, FL. 32807	
			≣ Remove
			□Change
MGR	MATTHEW R DEAN	226 Hibiscus Ct	
			🗆 Add
		Orlando F1. 32801	
			□Remove
			■Change
		-	☐Remove
			78 80 78
			
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