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(Document Number)	
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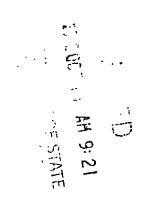
A. RIVERS

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## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp		•
er:pir		wn Barriers A.S.A.I	.P.
SUBJE	sci:	NE	Name of Limited Liability Company
The end	closed Articles of A	mendment and fee(	e(s) are submitted for filing.
Please	return all correspon	dence concerning th	this matter to the following:
		Patricia Anne B	Bryant
			Name of Person
		Breaking Down	Barriers A.S.A.P
			Firm/Company
		7900 Northwes	st 27 Ave. Suite 236
			Address
		Miami, Florida	33147
		pbryant1751@gr	City/State and Zip Code
		· · ·	al address: (to be used for future annual report notification)
For fur	ther information co	neerning this matte	er, please call:
Patrici	a Anne Bryant		786 208- 9773 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclos	ed is a check for the	e following amount	ı.
<b>≡</b> \$2	5.00 Filing Fee	S30.00 Filing Certificate of	
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Lim	nited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on	and assigned
Florida document number		
This amendment is submi	380	
A. If amending name, g	d liability company here:	
The new name must be disting	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offi		
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	F ROX)	
maining dudress MAL BEAT OST OF THE		
	<del></del>	
B. If amending the registered agent and/or agent and/or the new registered office addr		rds, <u>enter the name of the new registere</u>
Name of New Registered Agent:	Patricia Anne Bryant	. 63
Hame of the Winegoteles Highlin.	7900 Northwest 27 th Suite	50.5
New Registered Office Address:	Enter Florida	
	Miami City	Florida State Stat
New Registered Agent's Signature, if changing	·	Florida 33147 ; 1 ; 1 ; 1 ; 2 ; 2 ; 2 ; 2
		AT 21
I hereby accept the appointment as registe	red agent and agree to act in this cap	acity. I further agree to comply with th

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
AMBR	Patricia Bryant	400 Northeast 195 Street	□ Add
		Miami, Florida 33179	■Remove
			□ Change
AMBR	Patricia A. Bryant	400 Northeast 195 Street	<b>■</b> Add
		Miami, Florida 33179	□Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. If amending any other information enter change(s) here: (Attach additional sheets, if necessary.)
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
Patrus anne Bry Signature of a member of authorized representative of a member
Patricia Bryant  Typed or printed name of signee

Filing Fee: \$25.00