

h21000170098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

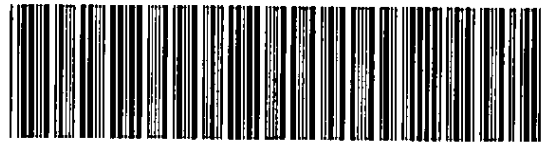
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Signature]



900392036269

08/04/22--01021--011 **30.00

2022 AUG -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: BARBARIANS 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:

Mandalaoui, Gaston Mauricio
Name of Person

Firm/Company
3508 NW 114 AVE SUITE 209
Address
DORAL FL 33178
City/State and Zip Code
sosaarlette@hotmail.com
E-mail address: (to be used for future annual report notification)

2022 AUG -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARBARIANS 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 04/12/2021 and assigned
Florida document number L21000170098.

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)

FILED
2022 AUG -4 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Mandalaoui, Gaston Mauricio

New Registered Office Address:

3508 NW 114 AVE SUITE 209 33178

Enter Florida street address

DORAL

City

. Florida 33178

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>	<u>Type of Action</u>
Manager	DAYAN, JONATHAN MOISES	Jeronimo Salguero 2838 P2 CABA.	<input type="checkbox"/> Add
		Buenos Aires 1425 ARGENTINA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Mandalaoui, Gaston Mauricio	Avenida del Libertador 6021 Piso 4	<input type="checkbox"/> Add
		Belgrano, CABA, Argentina (1425)	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG - 4 PM 10

FILED

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

DAYAN, JONATHAN MOISE LEAVES BARBARIANS LLC

2022 AUG 14 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

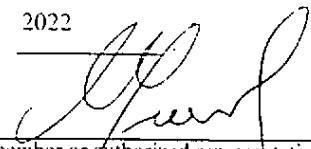
E. Effective date, if other than the date of filing: 07-30-2022 (optional)

(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 JULY 21, 2022



Signature of a member or authorized representative of a member

Mandalovi Gaston

Typed or printed name of signee

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000170098

Entity Name: BARBARIANS LLC

Current Principal Place of Business:

3508 NW 114 AVE
STE 209
MIAMI, FL 33178

Current Mailing Address:

3508 NW 114 AVE
STE 209
MIAMI, FL 33178 US

FEI Number: 86-3423976

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAYAN, JONATHAN MOISES
3508 NW 114 AVE
STE 209
MIAMI, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAYAN JONATHAN MOISES

04/12/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name DAYAN, JONATHAN MOISES
Address JERONIMO SALGUERO 2838 P2
City-State-Zip: CABA BUENOS AIRES 1425

Title AUTHORIZED MEMBER
Name MANDALAOUI, GASTON MAURICIO
Address JERONIMO SALGUERO 2838 P2
City-State-Zip: CABA BUENOS AIRES 1425

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN MOISES DAYAN

MANAGER

04/12/2022