

L220000144853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

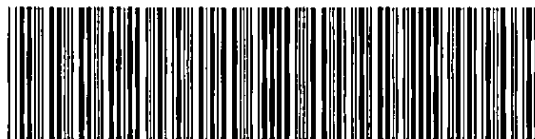
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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000384673610

FILED

2022 APR 11 AM 8:57

CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 APR 11 AM 11:04

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Amend

APR 12 2022  
I ALBRITTON

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 04/11/2022

**\*\*WALK IN\*\***

ENTITY NAME BARNETT STREET PARTNERS, LLC

DOCUMENT NUMBER L22000144853

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*E R J*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BARNETT STREET PARTNERS 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:

DAVID SHULMAN

Name of Person

BARNETT STREET PARTNERS, LLC

Firm/Company

162 E INLET DRIVE

Address

PALM BEACH, FLORIDA 33480

City/State and Zip Code

DSHULMAN4@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SHULMAN

203 543- 0320  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
2022 APR 11 AM 8:57  
CLERK OF DISTRICT COURT  
JACKSONVILLE FL

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>
AMBR	ELIZABETH SHULMAN	622 N FLAGLER DRIVE, APT 1002	<input type="checkbox"/> Add
		WEST PALM BEACH , FLORIDA 33401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ELIZABETH SHULMAN	622 N FLAGLER DRIVE, APT 1002	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FLORIDA 33480	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WAFFLES LLC	100 SUNRISE AVENUE, APT 423	<input type="checkbox"/> Add
		PALM BEACH , FLORIDA 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA SASLOVE	100 SUNRISE AVENUE, APT 423	<input checked="" type="checkbox"/> Add
		PALM BEACH , FLORIDA 33480	<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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

4/8/22

*[Handwritten signature]*

Signature of a member or authorized representative of a member

DAVID Shulman

Typed or printed name of signee

**Filing Fee: \$25.00**