L22000245344

	(Requestor's Name)
	(Address)
	(Address)
. 	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUL - 6 2023
	Office Use Only



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,	050 4050 INO
FLORIDA CAPITAL COURIER	SERVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	÷
(850) 524–5437	
(850) 524–6243	
Please use funds from th	is account: 120210000160: \$60.00
Authorization Signature:	fan fall :
LBarcade LLC	UL22000245344
BUSINESS NAME	DOCUMENT #
X Certified Copy	
X Certificate of Status	S
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	_X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

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2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
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Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

Div	ision of Cor	porations		
CUDIECT.	LBarcade L	I.C		
SUBJECT:Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Taya Comastro		
			Name of Person	
		Ebarcade LLC		
			Firm/Company	
		3168 Indian Drive		
			Address	
		Orange park, FL 32065		
			City/State and Zip Code	
		leaderboardjax@gmail.com E-mail address: (to be used for future annual report notific	eation)
For further is	nformation c	oncerning this matter, please ca	all:	
Tuya Comas	stro		904 7535307 at ()	
	Name o	d Person	Area Code Daytime	Telephone Number
Enclosed is:	a check for the	he following amount:		
□ \$ 25.00 l	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
	ailing Addres		Street Address: Registration Sect	tion

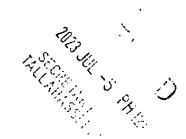
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LBarcade 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 L. Florida document number L.220002453-44		iled on <u>7/5/2023</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
B. If amending the registered agent and/or agent and/or the new registered office addresses		s on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	Taya Comastro		
New Registered Office Address:	3168 Indian Drive		
	-	Enter Florida street address	
	Orange Park	, Flo	rida <u>32065</u>
	Cit		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 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	Taya Comastro	3168 Indian Drive	■Add
		Orange park FL. 32065	□ Remove
			□Change
MGR	Clifton Comastro	3168 Indian Drive	□Add
		Orange Park FL, 32065	≣Remove
			□Add
			□Remove
			□Change
			□Remove
			Change
			□ Add
			Remove
			□ Remove
			Change

lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
4	
_	
_	
_	
Note: i:	e date, if other than the date of filing:
ne record ord is file	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 d.
Dated _	uly 5th 2023
Dated _	
	Taya Com
	Signature of a member or authorized representative of a member
	Taya Comastro
	Typed or printed name of signee

Filing Fee: \$25.00