L22000272580

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COVER LETTER

IO: Registration Se Division of Cor		•	
SUBJECT:	aula Barker.	LLC ted Liability Company	
	Name of Limit	ted Liability Company	
The anclosed Articles of	Amendment and fee(s) are subr	nitted for filing	
	ondence concerning this matter t		
rease return an correspo	machee concerning and marter	o die rono mig.	
	Po	rula Barker Name of Person	
		Paula Barker Firm/Company	
		-45 Gene Ave	
		Address	
		Vero Beach FL City/State and Zip Code	32967
		a Barker Reultor e a	
For further information of	concerning this matter, please ca		
Paula	Barker	at (772) 559 Area Code Daytime	- 2933
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction

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

2022 J 1 28 7 7 8: 46

Paula	Barker, LL	<u> </u>
(Name of the Limited Liabii (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L2200027258</u>	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of m igent as provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Paula S. Barker	8245 92 nd Ave, Ven Benn, FL31	461 BAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
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			□ Change

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lf an effe	ve date, if other than the date of filing:(optional) ctive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
e record rd 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 ed.
Dated _	10/44/12 3022
	2/2 Rus
	Signature of a member or authorized representative of a member
	Paula Baiker Typed or printed name of signee

Filing Fee: \$25.00