## 122000444106

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| 28.14                                   |
| (Address)                               |
| (6) (6) 4 7 (9)                         |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration S<br>Division of Co          |  |   |  |
|---|--|---|--|
|   | interprises LLC                              |   | •  |
| SUBJECT:                                      | Name of Lin                                  | nited Liability Company   |  |
| The enclosed Articles o                       | f Amendment and fee(s) are sub               | omitted for filing.   |  |
| Please return all corresp                     | ondence concerning this matter               | to the following:   |  |
|   | Douglas Richard Blecki                       | , Jr.   |  |
|   |  | Name of Person  | <u>-</u>   |
|   | Silverman Theologou                          |   |  |
|   | ····   | Firm/Company  |  |
|   | 11200 Rockville Pike, S                      | uite 520  |  |
|   |  | Address   | 703  |
|   | North Bethesda, MD 20                        | 852   | 77.77.67.6.27  |
|   | <del></del>                                  | City/State and Zip Code   | ?>   |
|   | dblecki@silvermanlegal.                      |   | *27  |
| F 6   |  | to be used for future annual report not                             | ification)   |
|   | concerning this matter, please c             |   |  |
| Douglas Richard Blecki, Jr.                   |  | 301 468-4990<br>at ()   |  |
| Name  | of Person                                    | Area Code Daytin  | ne 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 Addre                                 |  | <u>Street Address:</u><br>Registration Se                           | ection   |
| Registration Section Division of Corporations |  | Division of Co  |  |
| P.O. Box 63                                   | 27   | The Centre of   |  |
| Tallahassee,                                  | FL 32314                                     | 2415 N. Monro   | oe Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Barnes Enterprises LLC  |  |                              |
|---|--|------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L  | Company as it now appears on our records.) imited Liability Company) |                              |
| ne Articles of Organization for this Limited Liability Con                                    | mpany were filed on October 14, 2022                                 | and assigned                 |
| orida document number L22000444106  | ·  |                              |
| is amendment is submitted to amend the following:   |  |                              |
| If amending name, enter the new name of the limite  | ed liability company here:   |                              |
| evin Barnes Enterprises LLC   |  |                              |
| e new name must be distinguishable and contain the words "Limite                              | d Liability Company," the designation "LLC" of                       | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable:  |  |                              |
| rincipal office address MUST BE A STREET ADDRE  | <u> </u>   | 77                           |
|   |  |                              |
|   |  | 1 5                          |
| A construction address of configuration   |  | 27                           |
| nter new mailing address, if applicable:  |  |                              |
| failing address MAY BE A POST OFFICE BOX)   |  | <del></del>                  |
|   |  |                              |
| If amending the registered agent and/or registered of the new registered office address here: | office address on our records, <u>enter th</u>                       | e name of the new regist     |
| Name of New Registered Agent:   |  |                              |
| New Registered Office Address:  | <del></del>  |                              |
|   | Enter Florida street address   |                              |
|   | , Flor   | ida                          |
|   | City   | 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 | Membe: |  |

| Title | Name | <u>Address</u> | Type of Action  |
|-------|------|----------------|-----------------|
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| ctive date, if other than the date of   | of filing:               | o date of filing or more th | (optional)<br>in 90 days after filing.) | Pursuant to 605.02 |
| e: If the date inserted in this block document's effective date on the Department | es not meet the applica  | ble statutory filing requ   | iirements, this date v                  | vill not be listed |
| anent 5 creetive date on the 15 cpartie   | en or mare 3 records.    |                             |   |                    |
| ord specifies a delayed effective date.   | but not an effective tir | ne, at 12:01 a.m. on the    | earlier of: (b) The                     | 90th day after th  |
| filed.  |                          |                             |   |                    |
| od December 15, 20  | 42                       |                             |   |                    |
| ca variation  |                          | _ ·                         |   |                    |
|   | X                        |                             |   |                    |
|   | <del>/</del>             | rized representative of a n |   |                    |

Filing Fee: \$25.00