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TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

BARR HOLDINGS LLC SUBJECT: 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: Giovanni Barr Name of Person Firm/Company 9105 SW 227 ST Address Cutler Bay, FL 33190 City/State and Zip Code ggiovanni@barr-financial.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 925-6737 Giovanni Barr Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, \$55.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARR HOLDINGS LLC			
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number L23000067685	Company were filed on <u>02/07/2023</u>	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:	23 SE	
Barr Family Holdings LLC		3 F	-77
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abb		
Enter new principal offices address, if applicable:		28 282 882	
(Principal office address MUST BE A STREET ADD)	RESS)	- <u>- </u>	-
		Σ. <u>β.</u> Σ. <u>β.</u>	_
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 records, <u>enter the name</u>	of the new regis	itered
Name of New Registered Agent:		<u></u>	
New Registered Office Address:	Enter Florida street address		_
	nner riorida street adaress		
	Florida		_
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ted	. 2023	<u> </u>		
	nature of a member or auth	orized representative of	a member	
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