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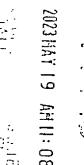
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of 7/10/2023

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Heather R. Barrios 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:
Heather Barrios
Heather Rae Barrios LLC
12471 Gateury Greens Dr.
Fort Myers, Fr. 33913 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Barrios at (339) (A1-0.34) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee &  □ \$55.00 Filing Fee &  □ \$60.00 Filing Fee. Certificate of Status  □ \$55.00 Filing Fee &  □ \$60.00 Filing Fee. Certificate of Status &  □ \$60.00 Filing Fee. Cert

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1) and 1 and P	Ωα		2023 IAY 19 ATTU:
(Name of the Limited Liability Company	as it now appea	rs on our records.)	
(A Florida Limited Lia	bility Company)	1 1	
The Articles of Organization for this Limited Liability Company w	ere filed on	4/17/2	and assigned
Florida document number <u>LA300 1875 15</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company h	ere:	
Heather Rae Bar	rias U	C	
The new name must be distinguishable and contain the words "Limited Liability		•	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>San</u>	re MA	
(Principal office address MUST BE A STREET ADDRESS)			
	90		
Enter new mailing address, if applicable:	<u> sun</u>	e NIA	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad	dress on our r	ecords, enter the	name of the new registere
agent and/or the new registered office address here:		, <del>-</del>	
	$\sim$	۸ (م	
Name of New Registered Agent:	Same		
New Registered Office Address:			
	Enter Flo	rida street address	
	<i>(</i> ):	Florid	a
New Pagintaged Agentle Signature if sharping Degistered Agents	City N. Il. A		zip Coae
New Registered Agent's Signature, if changing Registered Agent:	NIA		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance oj ovided for in (	f my duties, and I Chapter 605, F.S.	am familiar with and Or, if this document is

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	NIA
AMBR =	<b>Authorized Member</b>	1-171

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

	N)A
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(If an ef <u>Note:</u>	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 filed.
Dated	May 8th 2023 Hoatter Pal Barriso
	Signature of a member or authorized representative of a member
	Heather Rae Barrics Typed or printed name of signee