## L24000136186



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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Barry's (Name of Lin	Orle Ce LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	James	Proven cher Name of Person	,
	Ba	My 5 Greece (	LLC_
	11790 NI	E 8th Ave Address	
		Park FL 3  City/State and Zip Code  Crysmiami. Com  to be used for future annual report noti	
For further information of	oncerning this matter, please of	•	neactory
Jawes 7	Povencha f Person	at (305) 794	SNOO e Telephone Number
rune o	7 ( 6.50)	Area Code Daylin	e retephone Number
Enclosed is a check for the	ne 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 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

(Name of the Limited	Liability Company as it now appears on of	ur records.)
The Articles of Organization for this Limited Liabs  Florida document number	ility Company were filed on 312	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	ion "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address h		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	isher i fortati sire	
-	Ciţy	, Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** Tyler McBeth LIGI Woodstock Rd DAdd Mill brook NY 12545 Remove MGR Whitney Knowle 3250 NE 1st Aug \$105 DAD Miami FL 33137 \_\_\_ Remove James Proyencher 3850 NE 1St Au \$105 DADD Miani FC 33137 DRemove MGR Derek DeGrazio 3050 NE 1st Am #105 DAdd **≠**Change □Add \_\_\_\_ Change  $\Box$ Add

□Remove

□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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if an effec Note: 1	e date, if other than the date of filing:
e record rd is filed	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
Dated _	8 19 3024
	Signature of a member or authorized sepresontative of a member
	James Provencher
	Typed or printed name of signee

Filing Fee: \$25.00