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COVER LETTER

TO: Registration S Division of Co				•
THE DE	ENTON TEAM LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	r to the following:		
	Mike Town			
		Name of Person		-
	Legalzoom.com, Inc.			2. 26 (7) 57 (7)
		Firm/Company		- "⊖ %
	9900 Spectrum Dr			HASS
		Address		- MS
	Austin, TX 78717			F STATE .FLORID
		City/State and Zip Code		. 30.
	barrydentonrealtor@gmail.	.com		
	E-mail address: (to be used for future annual re	eport notification)	
For further information of	oncerning this matter, please c	all:		
Mike Town			-0888	
Name o	f Person	Area Code	Daytime Telephone Number	-
Enclosed is a check for the	w following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Centification Centified	te of Status &
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 assee, FL 32314	Registratio Division of Clifton Bu	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DENTON TEAM LLC		
(Name of the Limited Liability Comp (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000259543</u>	y were filed on 06/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	pility company here:	
Barry Denton, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L C."
Enter new principal offices address, if applicable:		··· <u>N</u> 2
Principal office address MUST BE A STREET ADDRESS)		E AHA
		E NUL SET
		28 SS:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		07 -
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here 	ffice address on our records, <u>enter</u> e:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 Changing Registered Agent, Signature of New Registered Agent

☐ 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 = N $AMBR = N$	Aanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
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From: Shantel Milam

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i an efte <u>Note:</u>]	ve date, if other than the date of filing:			
ie reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlie	er of :	
Dated _	June 22, 2024.			
	Dal Control			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00