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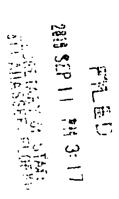
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cc/cus Amend



SEP 1 ( 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BARAKLING		
DOCUMENT NUMI	BER: P17000091738		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TIMOTHY SPYRATOS		
		Name of Contact Person	
		Firm/ Company	
	25 DODECANESE BLVD		
	TARPON SPRINGS FL. 346	Address	
		City/ State and Zip Code	<u> </u>
ELL/	ASTV@YAHOO.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
TIMOTHY SPYRATOS		at (	6660761
Name (	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	-	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

BARAKLING.		
(Name of Corporation as currently	filed with the Florida Dept. of	State)
P17000091738		
(Document Number of	Corporation (if known)	, <u></u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	<i>lorida Profit Corporation</i> adopts	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	lo". A professional corporation	The new d' or the abbreviation name must contain the
B. Enter new principal office address, if applicable:	TIMOTHY SPYRATOS	all
(Principal office address MUST BE A STREET ADDRESS)	-	<b>6</b> 70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 1 3 1 1 3 1 1 3 1 1 3 1 1 1 3 1 1 1 1
D. If amending the registered agent and/or registered office address:  TIMOTHY SPYRATOS	ss in Florida, enter the name of	the
Name of New Registered Agent		<del></del>
(Florida stree		
New Registered Office Address: TALPON SPILLN	City)	rida <u>7468</u> 9 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ifi and accept the obligations of t	he position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustce; C = Chairman or Clerk; CEO = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	V	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	<u>Р</u>	MARIO PAPPAS				
Add X Remove						
2) Change	<u>s</u>	CONSTANTINE SPYRATOS				
Add X Remove						
3 ) Change	Р	TIMOTHY SPYRATOS	25 DODECANESE BU TAKIN SPRINGS &			
X Add Remove			34689			
4) Change Add			<del></del>			
Remove						
5) Change						
Add Remove						
6) Change						
Add						
Remove						

ach additional shee	rts, if necessary). (Be	specific)			
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	adas Carre			Character and the control of the con	
ovicione for imple	vides for an exchange, menting the amendme	<u>, reciassification,</u> int if not contains	or cancenation of d in the amendme	issued snares.	
(if not applicable	indicate N/A)	in it not containe	a m one amenum	. iii ii ocii,	
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			· · ·		

T) A	9-10-2019	, if other than the
The date of each amendment(s) ad date this document was signed.	sption:	, it omer man u
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopaction was not required.	nted by the incorporators without shareholder action and shareholder	
9-10-2019		
Dated		
Signature		
(By a di	rector, president or other officer - if directors or officers have not been	_
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
пррени	ed fiduciary by that fiduciary)	
•	FIMOTHY SPYRATOS	
-	(Typed or printed name of person signing)	
,	VICE PRESIDENT	
-	(Title of person signing)	