11000135103

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

3 JUN 18 AM 11: 2

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Zoo Bar 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:	
Logan Berkowitz Name of Person	
Zoo Bar LLC Firm/Company	
4250 Alafaya Trail Ste 21	12-385, Oviego FC 35765
OVIEdo City/State and Zip Code	<u>S</u>
LOGANBERKOW ITZ e E-mail address: (to be used for future annual report i	hotmail. Com
For further information concerning this matter, please call:	,
Logan Borkowitz at 954, 461 8 Area Code & Day Area Code & Day	ytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	O\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zoo Bar LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
•
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L 11000135103
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Transfer was too will be a second
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
NI CNI DE CALLED
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street addres Z
SSE B T
City , Florida Ziv Code T
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alfred Guindi	624 Lakeworth Cir	Add
		Lake Mary FL 32746	Remove
MGR	Michael Minot	495 NE 20th St	Add
		Boca Roton FL 33431	Kemove
MGR	Brian Hubschman	495 NE 20th St	Add
		Bora Raton FL 3343	Remove
M GMR	Tailgate Sports Games	100	_ Add
		Orlano FL 32765	Remove
NEWR	Leila Ichalil	4576 Old Corriage Trail	
		Ovredo Fi 32765	_ Remove
MGMR	Ama Liovos	4576 Old Carriage Trai	Add
		Oliedo FL 32765	Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cabot Brun	4453 Store Medow Dr	Add
		Orlando, FL 32826	Remove
MGMR	Tira Papastavros	495 NE 20th St	Add
		Bora Roton, FL 3343	Remove
n <u>6mr</u>	Amarik Singh	8650 Costle Ct.	Add
		Bur Ridge, IL GOS2-	Remove
MGR	Brandon Geers	155 South Court Avenue	_
1-1012		Orlando, FL 32801	Add
			-
			Add
			Remove
			Add
			Remove

Ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
ted	6/14/13
	Sa Will
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00