L14000056009

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COVER LETTER

<u>.</u> .	istration Sedision of Corp					
SUBJECT:	BARDAMU LLC					
SUPPLET.	Name of Limited Liability Company					
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		Jeffrey C Weinstein				
			Name of Person			
		Mittenthal Weinstein LLP				
			Firm/Company			
		3100 S Federal Highway, S	Suite B			
			Address			
		Delray Beach, FL 33483				
•		City/State and Zip Code				
		weinstein@mw-attorneys.co	om to be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please ca	·	callon,		
Jeffrey C W	einstein		561 862 0955 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARDAMU LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)		
The Articles of Organization for this Limited Liability Company were clorida document number £14000056009	e filed on April 4, 2014	and assigned	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liability	company here:		
he new name must be distinguishable and contain the words "Limited Liability Co	annual "the decimation "I I C" or the obbi	aviation of 1 C "	
ne new name must be distinguishable and contain the words. Elimited Flability Ct	ompany, the designation time of the about	eviation 12.12.C.	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:	<u> </u>		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	<u> </u>		
	, i.e.		
. If amending the registered agent and/or registered office	address on our records, enter t		
egistered agent and/or the new registered office address here:	i i i i i i i i i i i i i i i i i i i	ت ث	
	2+		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	RA.	
	, 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

It 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sparing Partners 2 Inc	33 SE 4th Street, Suite 100	
•		Boca Raton, FL 33432	
			Change
		 	Add
			□ Remove
			Change
•			☐ Remove
-			□ Change
	 		□ Add
			□ Remove
			□ Change
	 		□ Add
			Remove
			Change
			
			☐ Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·
LEffective date, if other than the date of filing:
f the record 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 record is filed.
Dated January 29 . 2019.
Signature of a member of adihbrized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00