L23000007798

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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2023 JUL 16 PE FOR

COVER LETTER

TO:	Registration Section Division of Corporation			
SUBJ	ECT:	Name of Limite	acity Bar LLC	<u></u>
		nendment and fee(s) are subm		
Please	return all correspond	ence concerning this matter to	the following:	
		Shari-De	Name of Person	
			Firm/Company	
		5104 da	Address	?e
		Tairra	City/State and Zip Code	(Corr) (Corr)
		Strail address: (10	be used for future annual report notif	(Corr)
		cerning this matter, please ca	11:	
	Shari - Del Name of F	Barker Person	at (954) 609 Area Code Daytim	- 5757_ c Telephone Number
Enclo	osed is a check for the	following amount:		
□ s	\$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)
	* Alread	7 paid \$35		
	Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	uty Ray (LL
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Liability Company v	vere filed on	2 スロンス and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability."	ity company here: Loung C y Company," the designation	a "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)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records,	enter the name of the new registered
Name of New Registered Agent:	 - 	
New Registered Office Address:	Enter Florida street	address
		_, Florida
·	City	zip Coae

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

<u>Title</u>	Name	Address	Type of Action
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fective date, if other to n effective date is listed, the nete: If the date inserted in cument's effective date in	e date must be specific and this block does not	incet the applicabl	datevil tiling of mo	re than 90 days after	onal) filing.) Pursua s date will no	int to 605.0 It be listed
record specifies a delayed is filed.	deffective date, but no	ot an effective time	c, at 12:01 a.m. o	n the earlier of: (b) The 90th	day after
ated		·	. •			
	Signature of a	incinber or authoriz	zed representative (of a member		

Filing Fee: \$25.00