02000051927

(R	lequestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
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(C	Occument Number)
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MC 01-22-14



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Bar Invest Florida, Inc.
DOCUMENT NUMBER: P02000051927
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Herve Barbera
Name of Contact Person
Bar Invest Group, Inc.
Firm/ Company
701 Brickell Ave Suite 2040
Address
Miami Florida 33131
City/ State and Zip Code
hb@barinvestms.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Herve Barbera 305 538-0135
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
■ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S2.50 Filing Fee Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

	Articles of Amo	endment	÷		
•	to			*	
	Articles of Incor	poration	<u> </u>	Æ	
	of			-Fi-	caner.
Bar Invest Florida, Inc.				S	Sans.
(Name of Corporation as curre	ently filed with the Flor	rida Dept. of State)	7.09	- 7	(* 6 °)
P02000051927			200	五	parents.
	nber of Corporation (if k	noum)	<u> </u>	. Ņ	per-
(Document Num	ibei of Corporation (if k	nown)	57	CO .	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this FI	orida Profit Corporation ad	opts the following	g ameno	iment(s) t
A. If amending name, enter the new name of	the corporation:				
Bar Invest Group, Inc.					
name must be distinguishable and contain the				_The _ i	
word "chartered," "professional association," B. Enter new principal office address, if app (Principal office address MUST BE A STREE	licable:	N/A		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A			
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent N/A	stered office address:	s in Florida, enter the nam	e of the		
	(Florida street	address)			
New Registered Office Address:		, Florida			
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a		h and accept the obligations	of the position.		
Signatur	e of New Registered Age	ent, if changing			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and 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:

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

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 is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				<u></u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		<u> </u>		
Add				
Remove				
6) Change				
Add		<u> </u>		
Remove				

. If amending or adding additional A (Attach additional sheets, if necessary	Articles, enter change(s) here: v). (Be specific)
N/A	
<u> </u>	
	6
<u> </u>	
. If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))
<u>"" </u>	
· -	· · · · · · · · · · · · · · · · · · ·

ctive date <u>if applicable</u> :	N/A
	(no more than 90 days after amendment file date)
otion of Amendment(s)	(<u>CHECK ONE</u>)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
ction was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_Jan Signature _	uary 09, 2014
Se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Herve Barbera
	(Typed or printed name of person signing)
	Director
	(Title of person signing)