

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BAR W LAND COMPANY, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu Corporate Filing Menu

JUN 10 2014

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BAR W LAND COMPANY, 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 04/08/2004 and assigned
Florida document number LO4000026696.

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)

**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:**

Name of New Registered Agent: Brennan Smith

New Registered Office Address: 301 W. Platt St, #144

Enter Florida street address

Tampa, Florida 33606

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

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

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James A. Wagner	1812 Greenleaf Lane, Suite 2	<input type="checkbox"/> Add
		Leesburg, FL 34748	<input type="checkbox"/> Remove
MMBR	Kenneth Grill	1812 Greenleaf Lane, Suite 2	<input type="checkbox"/> Add
		Leesburg, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

14 JUN -9 AM 9:16
 TALLAHASSEE, FL 32301
 VONDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9, 2014


Signature of a member or authorized representative of a member
James A. Wagner
Typed or printed name of signer

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TALLAHASSEE, FLORIDA
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6416 42 6-100 71