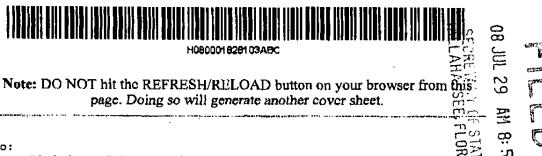


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000182810 3)))



Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number: I20070000037 Phone : (954)752-4553

Fax Number : (954)752-4522

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ELITE BARTENDING SCHOOL, LLC

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

D. BRUCE

JUL 30 2008

EXAMINER

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COVER LETTER

<u>V 2020</u>

TO: Registration 5 Division of Co			
SUBJECT: ELITE	BARTENDING SCH	OOL. LLC.	
		ited Liability Company)	
The enclosed Articles o	f Amendment and fee(s) are sub	unitted for filing	
		•	• •
Please return all corresp	condence concerning this matter	to the following:	· -i -
	NEIL EAGERTON		ALLA SECR SECR
	•	(Name of Person)	
ELITE BARTENDING SCHOOL, LLC.		ASSEE	
		(Pirni/Company)	AM 8: 54 EE. FLORID
	D.O. D.O.V. (444444)		82 J
	P.O. BOX 190521	(Address)	D A
		(···=/	
	MIAMI, FL - 33119		
	·	(City/State and Zlp Code)	
For further information	concerning this matter, please o	all:	
PAULO OLIVEIRA		at (954) 762-4553	
(Name	of Person)	(Area Code & Duytime T	elephone Number)
•			
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certifled Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (Company as it now appears on our rec mited Liability Company)	ords.)
(A Florida Lii	mited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/28/2008	and assigned
Florida document number L08000031837	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
		,
The new name must be distinguishable and end with the words L.L.C."	"Limited Liability Company," the desi	*****
		AS O
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>ESSS)</u>	3 7 7
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	·	25 ST
		>
•		,
3. If amending the registered agent and/or register		, enter the name of the n
registered agent and/or the new registered office addre	ss here;	
Name of Name of Name of Assessing		
Name of New Registered Agent:		
New Registered Office Address:	(5. 5. 5.	
	(Enter Florida	street address)
_ ·		orida
	(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 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 Changing Registered Agent, Signature of New Registered Agent)

ti ti 🐐

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	Julia M Ojeda	4777 SW 4th Street Miami, FL - 33119	Add Remove
MGR	Yandy Roman	4777 SW 4th Street Miami, FL - 33119	Add Remove
MGR	Thomas Neal Hesselbein	P.O. BOX 190521 Miami. FL - 33119	Add Remove
			Add Remove
			Add Romove
			Add Removo
	ending any other information, enter ch		08 JUL 29 AM 8: 54
Dated Jul	Signature of a me	moet of authorized representative of a member	<u>- </u>
	•,	Shan or business using an artificial	

Page 2 of 2

Filing Fee: \$25.00