L09000012023

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (11441030) |
| (City/State/Zip/Phone #) |
| PICK-UP " T WAIT . MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies <u>Annals Certificates of Status</u> |
| |
| |

Special Instructions to Filing Officer:

A. LUNT

OCT - 6 2009

EXAMINER

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SECRETARY OF STATE
ALLAHASSEE FLORIE

COVER LETTER

| | ation Section of Corporations | | |
|--------------------|--|---------------------------------------|-----------|
| SUBJECT: | Global Bar Solutions, LLC. | | |
| | Name of Limited Liability Company | | |
| The enclosed Art | ticles of Amendment and fee(s) are submitted for filing. | | |
| Please return all | correspondence concerning this matter to the following: | | |
| | Solange Jacoub Name of Person | | |
| | Name of Ferson | | |
| | Global Bar Solutions, LLC. | | |
| | Firm/Company | | |
| | 16500 Collins Ave, Suite 2152 | uite 2152 | |
| | Address | 20 TAI | |
| | Sunny Isles Beach, Florida 33160 | 2009 OCT -5 SECRETARY ALLAHASSE | omanyous. |
| | | TAI TAI | - |
| | nnoe anamani.com | m | m |
| | E-mail address: (to be used for future annual report notification) | | \Box |
| For further inform | mation concerning this matter, please call: | TORING STATE | O |
| | <u>David Rassi</u> at (786) 566-1110 | | |
| | Name of Person Area Code & Daytime Telephone Number | Γ | |
| Enclosed is a che | eck for the following amount: | | |
| \$25.00 Filing | Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified | ite of Status & | |
| , | | | |

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

| (<u>Name of the Limited</u> (A | DDAI BAF SO Liability Compa Florida Limited L | ny as it now appears Liability Company) | on our records.) | | |
|---|---|---|---------------------------|---------------|--------|
| The Articles of Organization for this Limited Lia | ability Company | were filed on | 02/05/2009 | and assig | gned |
| Florida document numberL09000120 | 023 | | ; | 7005 7AL | |
| This amendment is submitted to amend the follo | - | | | 2009 OCT -5 F | |
| A. If amending name, enter the new name of | the limited liab | <u>ility company here</u> : | | PH 1: | T) |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ited Liability Company | y," the designation "l | | |
| Enter new principal offices address, if applica | 16500 Collins Ave, Suite 2152 | | | | |
| (Principal office address MUST BE A STREET | Sunny Isles Beach, Florida 33160 | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | 16500 Collins Ave, Suite 2152 | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Sunny Isles Beach, Florida 33160 | | | |
| B. If amending the registered agent and/o registered agent and/or the new registered of | | | r records, enter | the name of | the ne |
| Name of New Registered Agent: | Solange Jac | coub | | | |
| New Registered Office Address: | 16500 Collin | ns Ave, Suite 215 Ente | 2 r Florida street add | dress | |
| | Sunr | ny Isles Beach | , 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 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

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 = N | lanaging Member | | |
|--------------|-----------------------------------|--|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR_ | Solange Jacoub | 16500 Collins Ave, Suite 2152 Sunny Isles Beach, FL 33160 | Add Remove |
| MGRM_ | David Rassi | 16500 Collins Ave, Suite 2152 Sunny Isles Beach, FL 33160 | Add Remove |
| | | | Add Remove |
| | | | A C Add C Agemove |
| | -Man-empta-an | ָרָי ריי | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter | change(s) here: (Attach additional sheets, if necessary | <i>)</i> |
| _ | | | |
| | | | |
| Dated | September 30 , | 2009 | |
| | Signature of a n | nember or authorized representative of a member | |
| | | Solange Jacoub Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00