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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of Corp		
Zemplen B SUBJECT:	Barrels, LLC	
SOBOLCI.	-	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Sandor Kallai	
	_	
	_	
	City/State and Zip Code zbarrels@yahoo.com	_
	_	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	
Sandor Kallai	727 255-40 <b>8</b> 2	SECRI
Name of	f Person Area Code Daytime Telephone Num	beriapy 21
	r !	SE TO
Enclosed is a check for the		
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, icate of Status & ded Copy and copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section

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

Zemplen Barrels, LLC		
(Name of the Limited Lis (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 07/21/2009	and assigned
Florida document number L09000070200	·	
This amendment is submitted to amend the following	<b>5</b> :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain 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 AL	ODRESS)	
Enter new mailing address, if applicable:		······································
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		TA.
		## <b>915</b>
B. If amending the registered agent and/or re		
registered agent and/or the new registered office		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	<u>۔</u> زر	9 1
Name of New Registered Agent:	<b>!</b>	٠٠٠ مر
New Registered Office Address:	20 A B	
	خر Enter Florida street address	ω
	, Florida	
-	City	Zin 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 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>	<u>Name</u>	Address	Type of Action
MGR	Robert Martin	2780 Delaney Ct.	■ Add
		Palm Harbor, FL 34684	☐ Remove
			Change
			Add
			□ Remove
		•	
			Add
		<del></del>	□ Remove
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amendi	ng any other information, ent	ter change(s) here	: (Attach addition	al sheets, if nece	ssary.)	
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ffective (	late, if other than the date of e date is listed, the date must be specified.	filing:	o date of filing or mor	optio e than 90 days after	<b>nal)</b> filing.) Pursuant :	to 605.02
iote: If the	e date inserted in this block does s effective date on the Departmen	not meet the applica	ble statutory filing	requirements, this	date will not b	e listed a
ocument	s effective date on the Departmen	it of State 5 records.				
	l specifies a delayed effect th day after the record is f		an effective tir	ne, at 12:01 a	.m. on the $\epsilon$	earlier
ated	OCTOBER 19	2015				
	la da	M				
		of a member or autho	rized representative o	f a member	<u> </u>	_
	Sandor Kallai					
			d name of signee			

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Filing Fee: \$25.00