L10000022894

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COVER LETTER

	egistration Sect vision of Corpo				
SUBJECT:	Oxygen Bars	LLC			
SUBJECT		Name of Lim	ited Liability Company		
		mendment and fee(s) are sub-	-		
		Christopher C Cameron			
			Name of Person		
		Oxygen Bars LLC			
			Firm/Company		
		752 Commerce Dr #10			
			Address		
		Venice, FL 34292			
			City/State and Zip Code		
		info@oxygenbars.com		<u> </u>	≥2:
		E-mail address: (to be used for future annual report notification)		
For further	information con	cerning this matter, please ca	all:		
Christophe	r Cameron		941 926-6145 at ()	ring of the Contract of the Co	
Euglaged is	Name of P		Area Code Daytime Teleph	£, , ,	
		following amount:		1 0 co co più	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	1 \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	

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

Oxygen Bars LLC				
(<u>Name of the Limited Lia</u> (A Flo	ibility Company as it now appears on our recorda Limited Liability Company)	rds.)		
The Articles of Organization for this Limited Liabilit	y Company were filed on 03/01/2010		_ and as	signed
Florida document number L10000022894	······································			
This amendment is submitted to amend the following	; :			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LI	.C" or the abbrev	viation "I	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
		<u> </u>	20	
		jo gr r	350	a manage
Enter new mailing address, if applicable:		27 67 23-7		t, there is
(Mailing address MAY BE A POST OFFICE BOX)		123	1	
	<u></u>	<u> </u>		Trans.
		ñi.	ري رئ	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, <u>enter the</u>	riame	of the nev
registered agent and of the new registered office a	sauress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr	ess		
		Florida	7. 6. 1	
	City	2	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 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
MGRM	Devon F Williams	752 Commerce Dr #12	
		Venice, FL 34292	■ Remove
			Change
AMBR	Christopher C Cameron	752 Commerce Dr #10	
		Venice, FL 34292	Remove
			Change
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	: If the date inserted in this I	plock does not meet the applicable	statutory filing requirement	ts, this date will not be li
ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	ment's creedive date on the	separation of state 3 records.		
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.			n effective time, at 12	:01 a.m. on the ear
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	September 07	2016		
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling 90th day after the record is filed.	u	,		

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Typed or printed name of signee

Filing Fee: \$25.00