L100000108462

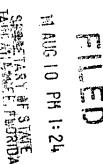
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COVER LETTER

ΓΟ: Registration S Division of Co			
SUBJECT:	Barmate No	orth America, LLC	
	Name of Limi	ted Liability Company	
Γhe enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Alex D. Sirulnik, Esq.	
		Name of Person	
	,	Alex D. Sirulnik, P.A.	
	<u></u> -	Firm/Company	
	2701 Pa	nce De Leon Blvd. Suite 202	
	2701 FO	Address	
	Co	oral Gables, FL 33134 City/State and Zip Code	
		,	
	E-mail address: (1	ds@sirulniklaw.com o be used for future annual report notifical	tion)
For further information	concerning this matter, please c	all:	
Yolanda Katon Name of Person		at (305) 44 Area Code & Daytime T	13-7211
Name	of reison	Alea Code & Daytine 1	elephone (value)
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Barmate North	<u>America, L</u>	<u>LC</u>	
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now app Liability Compan	<u>ears on our records.</u>) y)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000108462	were filed on _	October 14, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	ne <u>re</u> :	
The new name must be distinguishable and end with the words "Limi" L.L.C." Enter new principal offices address, if applicable:	ited Liability Con	npany," the designation "LL	C" or the abbreviation
(Principal office address MUST BE A STREET ADDRESS)	4309 Sund	own Rd.	
	Gaithersbu	rg, MD 20882	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as al	oove	
Muning undress MAT BEAT OST OFFICE BOA			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address or <u>e</u> :	our records, enter the	name of the new
Name of New Registered Agent:			E T
New Registered Office Address:		1.2 7	0
	i	Enter Florida street addre	
	City	, Florida 23.25	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.

Wamending 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Damoua
			Add Remove
			Add Remove
			— D
			□ Damouo
			Domesia
		a, enter change(s) here: (Attach additional sheets, if an Kane, 4309 Sundown Rd. Gaithersburg, N	
 Dated	August 5		
	Signatu	are of a member or authorized representative of a member	
		Alex D. Sirulnik, Esq. Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00