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SECRETARY OF STATE SECRE

J. BRYAN

APR - 5 2011

EXAMINER

COVER LETTER

IO:	Division of Co		·		
SUBJE	CT:	BAR H	OLDINGS, LLC		_
		Name of Lim	ited Liability Company		_
The end	closed Articles of	Amendment and fee(s) are su	omitted for filing.		
Please 1	eturn all corresponden	ondence concerning this matter	to the following:		
		JOHN MC	DRGAN BRUNSON, E	SQUIRE	- Es = -
			Firm/Company		PR-4
			50 CENTRAL AVENU	E	FILE PH 3: 23 SECRETARS EFFE FLORIT
			PETERSBURG, FL 33 City/State and Zip Code	3711	DAID!
		JME E-mail address: (B@JMBESQUIRE.CO	ort notification)	_
For furt	her information of	concerning this matter, please of	eall:		
JOHN BRUNSON Name of Person		at (727) Area Code &	828-0580 Daytime Telephone Nun	nber	
Enclose	ed is a check for t	he following amount:			
₹ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certit nclosed) Certi	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations	5:	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTÍCLES OF ORGANIZATION OF

BAR HOLDINGS LLC

	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Lial	bility Company were filed on FE	BRUARY 8, 2011 and assigned
Florida document number L110000163		BRUARY 8, 2011 and assigned y," the designation "LLC" or the abbreviation
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here	EFF FLORES
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OV)	
B. If amending the registered agent and/or registered agent and/or the new registered office		r records, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Ente	r Florida street address
		, 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

or Managin	g the Managers or Managing Memb g Member being added or removed	pers on our records, <u>enter the title, name, and ac</u> <u>from our records</u> :	udlesa ol each manabel
MGR = Ma MGRM = N	nager (anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LATHAN ADKINSON	4250 CENTRAL AVENUE ST. PETERSBURG, EL. 33711	Add Remove
MGR	GARY ADKINSON	4250 CENTRAL AVENUE ST. PETERSBURG, FL. 33711	Add Remove
MGR	ROBERT A. BAKER	4250 CENTRAL AVENUE ST PETERSBURG FI 33711	✓ Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	ny.)
			FILED NAR-4 PM 3: 23 SECRETARY OF STATE SECRETARY OF STATE
Dated	MARCH 31	2011	PM 3: 23 SEE FLORID
	Signature of a mon	Day allin	
		GARY ADKINSON pod or printed name of signee	

Page 2 of 2
Filing Fee: \$25.00