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COVER LETTER.

TO: Registration Se Division of Cor							
SUBJECT: ALSA BAR LLC							
	Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	ALEXANDER SADEGHI						
	Name of Person						
	ALSA BAR LLC						
	Firm/Company						
2283 WILTON DRIVE							
	Address						
WILTON HANDRS FL 33305 City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
	DER SADE 6H 1 at (954) 8D2 - 2292 Area Code & Daytime Telephone Number						
Name o	of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:							
\$25.00 Filing Fee	Status Status Status Status Certificate of Status Certificate of Status Status Certificate 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

FILED

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Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) AHASSEE, FLORIDA de Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document numberLIIOODII7701	any were filed on 1013/2011 and assigned		
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "Li" L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	2283 WILTON DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)	WILTON MANOES FL 33305		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> <u>iere</u> :		
New Registered Office Address:			
	Enter 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

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
HGRN	ALEXANDER SADE	WILTON HANDRS 3	.U€
MGR	JERONE YERICH	5111 N.W 50th AVE TAMARAC FL 3331	
			Add Remove
			AddRemove
	······································		Add Remove
			Add Remove
D. If an	mending any other information, ente	r change(s) here: (Attach additional sheets,	if necessary.) 12 OCT 23 AHII: 12 OCT 23 AHII:
			FLORIDA
Dated _		2017 Salah. meruber or authorized representative of a mem	ber
	Alexano	Typed or printed prime of signee	

Page 2 of 2

Filing Fee: \$25.00