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17 JUN 19 PH 1: 52
DIVISION OF CONFORMATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 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:
Name of Person
Tean Managenent
1026 W Central Old
65 lando, Fl 32805 City/State and Zip Code
10h at can nattetaron Com 1:-mail address: (to be used for truture annual report notification)
For further information concerning this matter, please call:
John Some at (40) 496-234 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigsquare \text{S30.00 Filing Fee & D\$60.00 Filing Fee.} \\ \text{Certificate of Status} \text{Certified Copy tadditional copy is enclosed} \text{D\$ \$60.00 Filing Fee.} \\ \text{Certified Copy tadditional copy is enclosed} \text{Certified Copy (additional copy is enclosed)} \text{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

- I=nights	PUB LLC	
(Name of the Canned Flant)	llity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on $04/06/20$	12 and assigned
The Articles of Organization for this Lumited Liability Florida document number <u>U2 00047</u>	128	·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir		
Mawacd: cortes The new name must be distinguishable and contain the words "Li	J Barr Enter	prises LLC
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	17 5
		JUN O
Enter new mailing address, if applicable:		FILED 17 JUN 19 PH 1: 52 1.VISION OF COM COMMINICATION
(Mailing address MAY BE A POST OFFICE BOX)		# 7 M
B. If amending the registered agent and/or regi	istored office address on our records and	: <i>(</i> *
registered agent and/or the new registered office ad	dress here:	er the name of the new
A		
Name of New Registered Agent:		
New Registered Office Address:	P	
	Enter Florida street address	
	, Florida	Zip Code
	City	Zιp 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

FILED

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

<u> Fitle</u>	Name	Address	Type of Action
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Olymon Part of the Control of the Co
			□ Remove
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If an effe <u>Note:</u>	e date, if other than the date of filing: (optional ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.) g.) Pursuant to 605,0 e will not be listed	0207 () d as tl
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. 0th day after the record is filed.	on the earlie	r of:
Dated _.	June 16th 2017		

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Filing Fee: \$25.00