(Requestor's Name)	
(Address)	500274603495
(Address)	00021-000-00
(City/State/Zip/Phone #)	07/09/1501007018 **25.00
(Business Entity Name)	
(Document Number)	TALLAHASSE
ertified Copies Certificates of Status	
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Office Use Only	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

TOM GLOVER NORTHWEST REGISTERED AGENT, LLC 3030 N. ROCKY POINT DRIVE, STE 150A TAMPA, FL 33607

SUBJECT: THE BARKTENDER'S GUIDE LLC Ref. Number: L12000086118

We have received your document for THE BARKTENDER'S GUIDE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please cause (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 615A00014458

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COVER LETTER

Registration Section TO: **Division of Corporations**

avide, LLC Bac 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:

Tom Gloser Name of Person Northwest Registerod Agent, LLC 3030 N. Rocky Point Drive, Ste 150A <u>33607</u> Ite and Zip Code E-mail address: (to be used for future annual report notification) ma For further information concerning this matter, please call: $at(\frac{941}{Area Code})$ 266 - 278 Daytime Telephone Number ÷ Enclosed is a check for the following amount: N

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & 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

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

•				
ART	TICLES OF AMENDMENT			
	TO			
ARTI	CLES OF ORGANIZATION			
OF				
<u>THE</u> BAR (Name of the Limite	KTENDERD GUIDE LLC <u>d Liability Company as it now appears on our records.</u> A Viorida Limited Liability Company)			
The Articles of Organization for this Limited Lia	ability Company were filed on $0.7/\varepsilon z / z / a z d$ assigned			
Florida document number <u>L 1 2 0</u>	000 66118			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
4				
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applica	Me: 3050 N Korky Point Drive, ADDRESS Site 150A Tumpy, FL 33607			
(Principal office address MUST BE A STREET	ADDRESS Site 150 A			
;	74mpa 1 FL 33607			
only than	e principal affice address			
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
D. If amonding the automation of and	a maintained office address on one mounts action the same of the same			
registered agent and/or the new registered off	r registered office address on our records, <u>enter the name of the new</u> ice address here:			
None of New Reviewed Agent.	Northwest Registered Agent LLC			
Name of New Registered Agent:	······································			
New Registered Office Address:	3030 N. Rocky Point Dr, STE 150A			
•				
New Registered Agent's Signature, if changing Ra	egistered Agent:			
provisions of all statutes relative to the prope accept the obligations of my position as regist				
СУ				

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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

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<u>Title</u>	Name	Address	Type of Action
—			🗋 Add
			Remove
			Change
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			E Kemove
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		ASSEE	
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			🗆 Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.)

- "
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Din N
2015 JUL 23 SECRETARY TALLAHASSEE
07 5
70 P.
STATE 27

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated_ <u>G</u>R rized representative of Signature of a member or auth MGR Dinted name of signee

Page 3 of 3 Filing Fee: \$25.00