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## COVER LETTER

10;	Division of Cor					
SUBJE	BAR, LLC					
SUBJE	C1	Name of Limited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	eturn all correspo	ondence concerning this matter	to the following:			
		J MICHAEL MARSHALL				
	Name of Person					
	SIEMON & LARSEN, PA					
	Firm/Company					
		433 PLAZA REAL, SUITE 339				
		Address				
		BOCA RATON, FL 33432				
		City/State and Zip Code				
		E-mail address: (	©SIEMONLARSEN.COM  To be used for future annual report notification)			
For furt	ther information of	concerning this matter, please of	call:			
		AEL MARSHALL	at (_561 ) 368-3808  Area Code & Daytime Telephone Number			
	Name (	of Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for t	he following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Registration Division on P.O. Box (		AING ADDRESS: ration Section on of Corporations fox 6327 assee, 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
12 AUG 10 PM 12: 30
SECRETARY OF STATE

	GA BAR, LLC	rs on our records)
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appea orida Limited Liability Company)	rs on our records.)
(***	······· -········· -······· - ······ / · ····· / · · ··· / · · · ·	
The Articles of Organization for this Limited Liabi	lity Company were filed on	JULY 10, 2012 and assigned
Florida document number L1200009245	6	
	<del></del> •	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company he	re:
<u> </u>		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
	<u>-                                    </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<del></del>
D 16 amouding the projection of a good and for	unaistantal affice address on	our records outer the name of the name
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Ei	nter 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:

, i

Dated

MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> Address **MGMR** ANDREW J PIETRAK 701 PLAZA REAL, #530 ☐ Add ∏ Remove BOCA RATON, FL 33432 GINNY FARBER MGMR 623 W CAMINO REAL ✓ Add BOCA RATON, FL 33486-0000. Remove 🔲 Add Remove Add Remove ∏Add Remove ∐]Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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GINNY FARBER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00