

L12 000 159999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

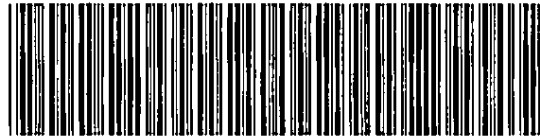
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN - 8 PM 12:00

N COOPER

JUN 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAR OCALA, 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:

Barry Klopstad

\_\_\_\_\_  
Name of Person

BAR OCALA, LLC

\_\_\_\_\_  
Firm/Company

101 NW 23rd Place, #101

\_\_\_\_\_  
Address

Ocala, Florida 34475

\_\_\_\_\_  
City/State and Zip Code

klopstad1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & 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**

BAR OCALA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/24/2012 and assigned Florida document number 1.12000159999.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 NW 23rd Place, #101

Ocala, Florida 34475

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN -8 PM 12:00

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Barry Klopstad

New Registered Office Address:

101 NW 23rd Place, #101

*Enter Florida street address*

Ocala

Florida

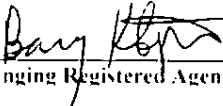
34475

*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 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrea Ciuba	P.O. Box 825	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ross Perkins	P.O. Box 825	<input type="checkbox"/> Add
		San Antonio, FL 33576	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Barry Klopstad	101 NW 23rd Place, #101	<input type="checkbox"/> Add
		Ocala, FL 34475	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DIVISION  
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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 30 2018

Bruce K. [Signature]  
Signature of a member or authorized representative of a member

Barry Klopstad

Typed or printed name of signee