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Special Instructions to	Filing Officer:	
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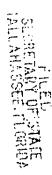
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## **COVER LETTER**

TO: Registration S Division of Co				
RUMORS SUBJECT:	BAR LLC			
30b9EC1	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	NICK BERRY			
		Name of Person		
		Firm/Company		
	2374 WILTON DR			古
	-	Address		SEP 20 PH 2: 20
	WILTON MANORS			20 5
	PROZACDIVER@YAHO	City/State and Zip Code  O.COM		PH 2: 20
	<del>-</del>	to be used for future annual report notific	ation)	20
For further information of	concerning this matter, please c	all:		,
NICK BERRY		954 805-1195 at ( )		
Name o	of Person		Celephone Number	-
Enclosed is a check for t	he 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 Fer Certificate of St Certified Copy (additional copy is a	tatus &

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

RUMORSBAR LLC	•	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 12/26/2012	and assigned
Florida document number L12000160057		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		50
(Principal office address MUST BE A STREET ADDRESS)		<b>5</b> 元法
		W ===
	-	20 375
Enter new mailing address, if applicable:		2 四部
•		72 93
(Mailing address MAY BE A POST OFFICE BOX)		3 gm
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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>	Address	Type of Action
MGR	BERRY, NICK	2374 WILTON DR	🗆 Add
		WILTON MANORS, FL 33305	Remove
			<b>□</b> Change
AMBR	SYRCLE, TERRY B	929 NE 18TH COURT	☐ Add
		FORT LAUDERDALE, FL 33305	□ Remove
		<del></del>	■ Change
AMBR	CORMAN, BRENDAN	1601 NW 2 AVE	- Gada
		FORT LAUDERDALE, FL 33311	22 信息 Removeries
			Change
AMBR	BOMBARD, SHAWN	1328 N ANDREWS AVE	■ Add
		FORT LAUDERDALE, FL 33311	□ Remove
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fectiv	e date, if other than the date of filing: (optional)	
	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	Pursuant to 605.020
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Filing Fee: \$25.00