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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	RUMORSE			
SUBJE	:СТ:		ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please 1	eturn all correspon	ndence concerning this matter	to the following:	
		NICK BERRY		
			Name of Person	
		RUMORSBAR, LLC		
			Firm/Company	<u> </u>
		2374 WILTON DR		
			Address	
		WILTON MANORS, FL	33305	
			City/State and Zip Code	
		PROZACDIVER@YAHO		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please co	all:	
NICK I	BERRY		954 805-1195 at ()	
	Name of	Person		Telephone Number
Enclose	d is a check for th	e 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

RUMORSBAR, LLC		
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 12/26/2012	and assigned
Florida document number L12000160057		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	OX)	
	r registered office address on our records, en	ter the name of the ne
registered agent and/or the new registered offi	ce address here:	LC A
		THE THE THE
Name of New Registered Agent:		SSE F
New Registered Office Address:		
	Enter Florida street address	
	, Florida	6
	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
AMBR	SHAWN BOMBARD	1328 N ANDREWS AVENUE	□ Add
		FORT LAUDERDALE, FL 33311	■ Remove
	•		Change
			□ Add
			□ Remove
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Effective date, if other than a (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	nust be specific block does n	e and cannot be p not meet the ap	rior to date of fil plicable statuto	ing or more than 90 ry filing requirem	(optional) days after filing cents, this date	.) Pursuant to 6	605.0207 (3) isted as the
the record specifies a delay b) The 90th day after the r	red effective ecord is file	ve date, but ed.	not an effec	ctive time, at :	12:01 a.m.	on the ear	lier of:
Dated MAY 9		2018	·				
	1/2						
	Signature of	of a member or a	uthorized repres	entative of a member	er		
	-						

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Filing Fee: \$25.00