4300030396

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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то:	Registration Se Division of Cor			
		ar Group LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
rease	return un concapo	Logan Berko witz	to the following.	
			Name of Person	.
		Orlando Bar Group LLC		
			Firm/Company	
		68 E Pine St		
			Address	
		Orlando, FL 32801		
		hjohnson2117@live.com	City/State and Zip Code	
		· ·	to be used for future annual report notif	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
Loga	n Berkowitz		407 454-4622	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	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

Orlando Bar Group LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L13000030396	pility Company were filed on 2/27/2013	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	JU Sion
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		FALEO STATE OF CORPORATIONS L 17 PM 2: 00
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, <u>en</u> ce address here:	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
_	Enter 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 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	Carey Sobel	4766 WILLAMETTE CIR.	
		Orlando, FL 32826	■ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			Change
			Add
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		7/11/2018			
ective date, if other than to effective date is listed, the date is	the date of filing	;;	date of filing or mor	option (option)	
te: If the date inserted in this	s block does not n	neet the applicab			
cument's effective date on the	e Department of 5	tate s records.			
record specifies a delay		ate, but not a	an effective tir	ne, at 12:01 a.i	m. on the earlier
he 90th day after the r	ecord is filed.				
July 11		2018			
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Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00