113000/37/83

(Re	questor's Name)	.
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PIĆK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
, er		
	OCT 1 1 2013	
	A. LUNT	• •





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COVER LETTER

Pro: Registration S Division of Co				
SUBJECT: Biz	erk lounge, LL	C		
	Name of Limit	ed Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Cesar n	Name of Person	2013 OCT	3 ,00
		Firm/Company	——————————————————————————————————————	
	2531 NU	U 2nd Auc Address		
	Miami, FL	33127	200 Z	
	Cesor-	City/State and Zip Code City/State and Zip Code Code	ion)	
For further information of	concerning this matter, please co		iony	
	Morales of Person	at (786) 325 - 7788 Area Code & Daytime To	elephone 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)	✓S60.00 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

To Whom It May Concern:

All I am changing is the spelling. Nothing else is changed

On file now is Bizerk Lounge, LLC (with a "K") and I want to spell with a "Q"

New spelling Bizerq Lounge, LLC

Thank you

Cesar Morales

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BizerkLounce	UC				
(Name of the Limited Liability C (A Florida Lia	ompany as it now appermited Liability Company	ars on our record	<u>ls.</u>)		
The Articles of Organization for this Limited Liability Con	mpany were filed on	9/30/13	:	and assi	gned
Florida document numberL 3000 137 183	<u>.</u>	•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company h	ere:			
Bizeral aura 116					
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	pany," the designa	tion "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:			150- 1 1 1	201	
(Principal office address MUST BE A STREET ADDRE	<u></u>			- E	بر بر در
			5	 - - - -	********
				(a)	1
Enter new mailing address, if applicable:			<u></u>	32	1
(Mailing address MAY BE A POST OFFICE BOX)			3 27	- 153 - 153	*
		7. 7. 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	F 1	Gi	
	.				
B. If amending the registered agent and/or register		our records, <u>e</u>	nter the n	ame of	the new
registered agent and/or the new registered office addre	ess here:				
N. CN. B. t. A.					
Name of New Registered Agent:					.
New Registered Office Address:		3 51 1			
		Enter Florida stre	et address		
		, Flori	da		
	City		Zi	p 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: MGR = Manager MGRM = Managing Member Title Name Address Type of Action Remove Remove Remove Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if nece	ssarv)	
•		y y	

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Dated	10/8/ , 2613		
	1 0		
	Signature of Amember or authorized corresponding of a member		
	Signature of member or authorized representative of a member		
	Signature of Morales Typed or printed name of signee Page 3 of 3		—
	Page 3 of 3		
	Filing Fee: \$25.00	يان د مغې	67
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