## 45000004814

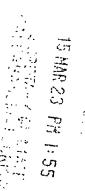
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:
		·

Office Use Only



700270852017

09/29/15--01036--006 \*\*25.00





## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GRAFIX BARR 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:
George Louis Barrios Name of Person
GRAFIX BAR UC Firm/Company
12338 Holly Jane court Address
City/State and Zip Code  Secrebe grafix bar. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEURGE LOCIS BAILICIOS at (407) 902-7480  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

GRA	FIX BAR LLC	
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number		and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the w	words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B  B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, ente	er the name of the new
Name of New Registered Agent:	George Louis Barrios	55 55 TO
New Registered Office Address:	Enter Florida street address , Florida	20 A
	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	$\mathbb{C}^{n}$ , $\mathcal{A}$
provisions of all statutes relative to the prope accept the obligations of my position as regis	I agent and agree to act in this capacity. I further our and complete performance of my duties, and I ametered agent as provided for in Chapter 605, F.S. Compensation of the egistered office address, I hereby confirm that the change.	n familiar with and )r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Mánager

AMBR = Au	thorized Member		
Title	Name /	Address	Type of Action
AMBR	GEORGE BARRIOS	12338 Holly Jane Co	UT-L Add
		ORIANDO FL 32824	Remove
AMBIZ	George Lais Barrios	12338 Holly Jane court	Add
		GRIANDO FL 32824	□ Remove
<u>mgr</u>	George Louis Barrics	12338 Hally Jane Ca	OF+ TO Add
		OKIAUDO FL 30824	Remove
			□ Add
			— □ Remove
			23 PH I:
			☐ Remove
			I Remove
<del></del>			Add
			Remove

If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
	ctive date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State)
Date	MARCH 19, 2015.
	Cere
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  GEOVATE BARRIGS

Page 3 of 3

Filing Fee: \$25.00