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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NATBAR 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:
Nathaniel Edwards Name of Person
7529 West OAKland PARK Blud Firm/Company
hAuder hill fc, 33319 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nathaniel Edwards at (305) 8495941 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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**

Natbar LL 2	_	
(<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 Florida document number <u>LISOO</u> O 162 703	were filed on 09/24/2015	and assigned
Florida document number LISOCO 162 TOS		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	7529 west DAK Blud. Lauderhill, fl,	land PARK
(Principal office address MUST BE A STREET ADDRESS)	Blud	
	LANDER HULL, FL,	3551
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	_	
B. If amending the registered agent and/or registered o		the name of the new
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Registered Agent:		•
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	Planida	. •
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr	ve to act in this capacity. I further agr	vee 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>AHBR</u>	Nathaniel Edward	LS 57 25 Tuscary Place Margo	le o Add
		FL, 33329	☐ Remove
			Change
AHBR	Canute Thomas	9907 NW 55th PL,	D Add
		Coral Springs, Fr, 3300	P
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n effective	date is listed, the date inserted in	date must be spec	cific and cann	iot be prior to	date of filin	g or more tha	n 90 days afte	er filing.) Purs	uant to 605.02 not be listed
cument's	effective date of	n the Departme	ent of State	s records.			•		
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	specifies a do day after th			, but not	an effect	ive time,	at 12:01	a.m. on t	he e arlier
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		/ Signatu	re of a memb	author	ized represer	ntative of a m	ember	-	.

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Filing Fee: \$25.00