

L16000037971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

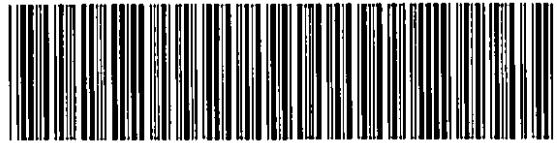
(Business Entity Name)

(Document Number)

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18 AUG 22 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2018

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAR B, 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:

Barbara Chavez

Name of Person

Watson Sewell, PL

Firm/Company

5410 E. Co. Hwy., 30-A, Suite 201

Address

Seagrove Beach, FL 32459

City/State and Zip Code

bmbcreamery@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Chavez

850 231-3465
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

BAR B, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2016 and assigned
Florida document number 116000037971.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2129 S. Co. Hwy., 83

Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1597

Santa Rosa Beach, FL 32459

FILED
18 AUG 22 PM 3:06
CLERK OF CIRCUIT COURT
JULIAN ROSE, CLERK
TALLAHASSEE, FL 32301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Robert McCullar

New Registered Office Address:

2441 U.S. Highway 98W

Enter Florida street address

Santa Rosa Beach

City

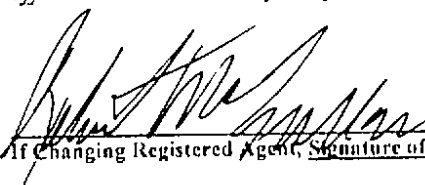
Florida

32459

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Harold E. Arnsdorff, III	97 Allen Loop Drive	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32549	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Adrian D. Lovell, Jr.	40 Antigua Lane	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christine R. Taylor	P.O. Box 1597	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
8 APR 22 5:06
SANTA ROSA BEACH, FLORIDA
CLERK OF DISTRICT COURT

18 AUG 22 PM 3:00
STUART AIRPORT
TALLAHASSEE, FLORIDA

18 AUG 22 FH 15:06
STUCK AND NOT
TALKING TO ORDA

1. 
 2. 
 3. 
 4. 

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated _____

Christie B. Taylor
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Christine R. Taylor

Typed or printed name of signee