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(R	Requestor's Name	e)
(A	Address)	
. (A	Address)	
(C	City/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity N	ame)
(C	Ocument Numbe	er)
Certified Copies	Certificat	es of Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

Div	ision of Corp	porations	۸.	•
SUR IFCT:		ORT BAR AND LOUNGE LL	<i>"</i>	
The enclosed	d Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		YUNIESKI GONZALEZ		
			Name of Person	
		BIKINI SPORT BAR ANI	D LOUNG LLC	
		,	Firm/Company	
		7309 COLLINS AVE		
			Address	
		MIAMI BEACH, FL, 3314	41	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
YUNIESKI	GONZALEZ	ORT BAR AND LOUNGE LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: YUNIESKI GONZALEZ Name of Person BIKINI SPORT BAR AND LOUNG LLC Firm/Company 7309 COLLINS AVE Address MIAMI BEACH, FL, 33141 City/State and Zip Code E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Z at (Area Code Daytime Telephone Number) ine following amount: \$\Begin{array} \text{S60.00 Filing Fee,} \text{Certificate of Status} Certi		
	Firm/Company 7309 COLLINS AVE Address MIAMI BEACH, FL, 33141 City/State and Zip Code E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: JNIESKI GONZALEZ 305 720 5431 at ()			
Enclosed is a	a check for th	e following amount:		
₩ \$25.00 F	Filing Fee			

MAILING ADDRESS:

TO:

Registration Section

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

BIKINI SPORT BAR AND LOUNGE LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/15/2016	and assig	med
Florida document number L16000052756			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		7) j
(Principal office address MUST BE <u>A STREET ADDRESS)</u>			3 <u>8</u>
		70	350
Enter new mailing address, if applicable:		<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	<u> </u>
B. If amending the registered agent and/or registered	•	r the name o	f the ne
registered agent and/or the new registered office address h	ere:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
-	, Florida	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	FELIX DANIEL DIAZ	7629 DICKENS AVE, APTO 1, M	Add
•			Remove
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litective fan effect	date, if other than the date of filing: (optional) ive 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 605.0	0207 (
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	d as t
locumen	s's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie	r of:
The 9	Oth day after the record is filed.	
Dated		
		,
	4	
	Signature of a member or authorized representative of a member	
	<u> </u>	دند (التراث المسالمات
	YUNIESKI GONZALEZ Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00