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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Division of Corporations		
SUBJECT: Bar Bro Sia, 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:		
Dusken Rudd	_	
Name of Person		
Barbrosia, LLC Firm/Company	no.	
2870 Key Stone Heights Address	ne r	
Apop Ka, FL 32703 City/State and Zip Code	TA Si	
Dusken Ca Yahoo Com E-mail address: (to be used for future annual report notification)		Ė
For further information concerning this matter, please call:	22 AIIY C	FILED
Dusken Rudd at (467) 285-6216 Name of Person Area Code Daytime Telephone Number		U
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ite of Status &	

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 ORGANIZATION OF

Barbrosia,LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u> </u>	ere filed on $8-16-2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability of	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)	
_	
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 office registered agent and/or the new registered office address here:	55号 2 [
Name of New Registered Agent:	ED ED
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•

N

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Dusken Rudd	2870 Key Stone Heig	hts to Add
		2870 KeyStone Heig Apopka, FL 32703	□ Remove
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	for to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) (licable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but r b) The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier of:
Dated 8:1/9/2016,	ndd
Dusken R	thorized representative of a member U

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Filing Fee: \$25.00