L17000050222

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J. HARRIE

COVER LETTER

	Registration Sec Division of Corp							
eud iez		AR ON BOARD, LLC						
SUBJEC	T:		ited Liability Company					
The enclo	osed Articles of A	amendment and fee(s) are sub-	mitted for filing.					
Please ret	turn all correspon	dence concerning this matter	to the following:					
		MICHAEL TARKOFF						
			Name of Person					
		GREENSPOON MARDER	R, P.A.					
		Firm/Company						
		600 BRICKELL AVE. #3600						
		_	Address	V				
		MIAMI, FL 33131						
		henry@mojitobar.com						
		E-mail address; ()	to be used for future annual report notifi	cation)				
For furthe	er information co	ncerning this matter, please ca	all:					
міснаі	EL TARKOFF		305 789-2751					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed	is a check for the	e following amount:						
■ \$25. 0	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:

TO:

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

MOJITOBAR ON BOARD, LLC				
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records, ida Limited Liability Company)	<u>, </u>		
The Articles of Organization for this Limited Liability Company were filed on MARCH 3, 2017 Florida document number L17000050222				igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC"	or the abbreyint	ior <u>E</u>]l	C."
Enter new principal offices address, if applicable:			7	
Principal office address MUST BE A STREET ADD	DRESS)		(J)	Dent carry
		, ra	5	1 ===
				1 !
Inter new mailing address, if applicable:		<u>[स</u> ि:	**	
Mailing address MAY BE A POST OFFICE BOX)			(~)	
3. If amending the registered agent and/or regregistered agent and/or the new registered office ad		enter the n	ame (of the n
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flor			
	City	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
AR	AGUERO, JAVIER	625 NW 121 STREET	
		NORTH MIAMI, FL 33168	Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
			Add Add
			Remove Remove Solution Remove
			Add Add
			☐ Remove
			☐ Change

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Effective date, if other than the	date of filing	cannot be prior to	date of filing or mo	ore than 90 days at	tional) ter filing.) Pursua his date will not	nt to 605. Lbe liste	.0207 (ed as (
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Page 3 of 3

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