117000085505

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> 17 JUN 23 AM II: IU SE CALLIARY OF STATE ALL AHASSEE, FLORID

S. WARREN JUN 2 9 2017

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	a Dis B	acage Bar	r, LLC
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	nce concerning this matter t	to the following:	
	Kim	iberly Dona	to
	Big (Name of Person Sirm/Company	Bar
	5359	N. Noh Hill	Rd
	Cura	Address	n - 1
	<u> </u>	11se +1 35	351
-	toniant E-mail address: (1	City/State and Zip Code Code	100.C0m
For further information conc		•	,
Kimber	\wedge	at (Area Code) 718 - Daytime Te	2121
Name of Pe	rson	Area Code Daytime Te	lephone Number
Enclosed is a check for the fo	ollowing 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 OF	•
Big D's Garag	ge Bar, Life=
(Mame of the Limited Liability Company as i (A Florida Limited Liabilit	(Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L17000085505</u> .	filed on 04 17 20 12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
	
The new name must be distinguishable and contain the words "Limited Liability Content of the Principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	npany," the designation "LLC" or the abbreviation "L.L.C." 800 US-275 Lake Placed, F1 33852
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5359 N NobHill Rd Sunrise, Fl 3335)
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	perly Donato
New Registered Office Address: 535	59 N'NOW HILL RO Enter Florida street address
Sunr	(SC, Florida_3335)
Sunr	120 2225)

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 Title **Address** Type of Action Michael Costello 5401 University DR □ Add Remove ☐ Change Mar Kimberly Donato 🖬 Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove I Remove ☐ Change

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		<u></u>	<u></u> _
			
			
Tective an effect	date, if other than the date of filing: (option we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	nal) filing.) Pursu	ant to 605.02
	the date inserted in this block does not meet the applicable statutory filing requirements, this 's effective date on the Department of State's records.	date will no	ot be listed
recor The 9	d specifies a delayed effective date, but not an effective time, at 12:01 a 0th day after the record is filed.	.m. on th	e earlier
	2017		
ited _	June 12, 2017.		
	Kenhule I Ingto	≥ 22	17
	Signature of a member or authorized representative of a member		
	Kimberly Bonato	ASS TASS	FIL 10N 23
	Typed or printed name of signee	77	
		107- 71.S	=
	Page 3 of 3	召台 :	-

Filing Fee: \$25.00