L17000130614

<u>-</u>	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
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	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	s to Filing Officer:			
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COVER LETTER

то:	Registration Sec Division of Corp			
/·I·IX II	The Oar Ho	use LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are sub	mitted for liling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Joseph Catalano		
			Name of Person	
			Firm/Company	
		357 2nd Street		
			Address	
		Cedar Key Florida 32625		
			City/State and Zip Code	
		Joe@bardproductionsllc.co		
		E-mail address: (to be used for future annual report noti	lication)
For fu	rther information co	oncerning this matter, please ca	all:	
Joe Ca	atalano		904 718-1574 at ()	
	Name of	Petson	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2	5.00 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



The Oar House 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 Compan	y were filed on June 15th 2017	and assigned	
Florida document number L17000130614	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
WITRAG LLC			
The new name must be distinguishable and contain the words "Limited Liab	bility 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)			
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the new	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and . Or, if this document is	

If amendin	g Authorized Person(s) authorize from our records:	ed to manage, <u>enter th</u>	e title, name, and address of eac	h person being added
MGR = N			2017 JUL 10 AM 11: 26	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE PALL AHASSEE, FLORID,	Type of Action
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ffective date, if other than the date of filing:	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605,020.
an effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's rec	
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	it not an effective time at 12.01 am an the configure
e record specifies a delayed effective date, bu The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier o
The soll day after the record is med.	
July 6th 2017	
lated July 6th 2017	·
	r authorized representative of a member
- Signature of a member of	r audiorized representative of a member
Joseph Catalano	
System Samuello	

Page 3 of 3

Filing Fee: \$25.00