

L17000187591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

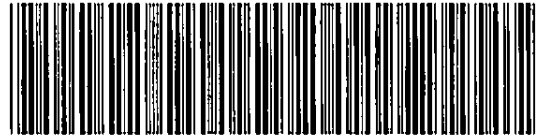
(Business Entity Name)

(Document Number)

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J. HARRIS

NOV 07 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAR GROUP 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:

BARBARA DIAZ MAYAUDON

Name of Person

BAR GROUP LLC

Firm/Company

1410 SW 29TH AVENUE SUITE 400

Address

POMPANO BEACH, FLORIDA 33069

City/State and Zip Code

INFO@THEBARNSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA DIAZ MAYAUDON

954

531-2983

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following 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**

BAR GROUP 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 Company were filed on 08/28/2017 and assigned
Florida document number L17000187591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AARON A CIOTTOLO

New Registered Office Address:

4102 CARRIAGE DRIVE APT E3

Enter Florida street address

POMPANO BEACH

City

Florida 33069

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>	<u>Address</u>	<u>Type of Action</u>
MMR	CIOTTOLATE GROUP LLC	4102 CARRIAGE DRIVE APT E3	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THE NEW MEMBER: CIOTTOLOATE GROUP LLC WILL BE PART OF BAR GROUP LLC ALONG WITH
THE EXISTING MEMBER: BARBARA DIAZ MAYAUDON IN EQUAL PART. BOTH WILL HAVE 50 %
PERCENT OWNERSHIP OF THE LLC. BOTH WILL SHARE IN EQUAL PARTS. ANY PROFITS, LOSSES
ASSETS AND LIABILITIES THAT THE OPERATION OF THE LLC GENERATE.

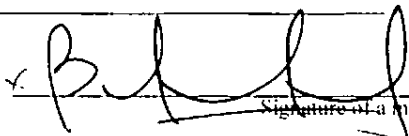
E. Effective date, if other than the date of filing: 11/01/2017 **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 1ST 2017



Signature of a member or authorized representative of a member

BARBARA DIAZ MAYAUDON

Typed or printed name of signee

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