

11/27/2018 1:23

(FAX) 845 818 3588

P.001/004

**L18000 104772**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : VCORP SERVICES, LLC  
Account Number : I2C080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

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DIVISION OF STATE  
CORPORATIONS  
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**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BARMASTERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

T. CLINE  
NOV 21 2018  
EXAMINER

2018 NOV 20 PM 12:29

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BARMASTERS 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 04/25/2018 and assigned  
Florida document number L18000104722.

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)

2657 Bradford Drive

West Melbourne, FL 32904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2657 Bradford Drive

West Melbourne, FL 32904

**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:

New Registered Office Address:

2657 Bradford Drive

*Enter Florida street address*

West Melbourne

Florida 32904

*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

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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>
AMBR	Dylan Forsythe	2657 Bradford Drive	<input checked="" type="checkbox"/> Add
		West Melbourne, FL 32904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2018 NOV 20 AM 11:28  
CLERK OF SUPERIOR COURT  
JANESVILLE, FLORIDA

P.004/004

2018 NOV 20 AM 11: 28  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: \_\_\_\_\_ (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

Jaya Ram

Typed or printed name of signee