L18000221852

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(2-2
(Document Number)
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10/15/18--01008--017 **25.00

M. MILLIGAN NOV 20 2018



October 29, 2018

THE HOWLIN OWL BAR LLC SAMUEL BLEEKER 222 GREENWOOD DR WEST PALM BEACH, FL 33405

SUBJECT: THE HOWLIN OWL BAR LLC

Ref. Number: L18000227852

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Because the cover letter received indicates articles of amendment, I've enclosed a blank amendment form for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 818A00022254

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	The Howl,	N DWL BAR ited Liability Company	160
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	56,	n Blecker Name of Person	
	The H	Firm/Company	- (CC
	25	Address	12
	Wes	City/State and Zip Code an 10 ao L. Co to be used for future annual report notifi	\mathcal{A}
	E-mail address: (an 10 ao L. Co to be used for future annual report notif	Mication)
For further information c	oncerning this matter, please ca		
Ucinil P. Name o	Pleule (at (<u>56)</u> Area Code Daytime	L 4 34/ c Telephone Number
Enclosed is a check for the	ne 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

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

LEHERH 818A**0**0022254

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OWL BOR LLC	
(<u>Name of the Limited I</u> (A I	jability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on 9/25//	
This amendment is submitted to amend the following	ng:	2018 NOV
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "E.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	Mir F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Floric	da Zip Code
	V.11.)	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
m 612	Samuel Blecker	222 Greenwood DC. WPD. A 33405	□- Add -
			Remove
			☐ Change
			Remove
			☐ Change
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			Remove
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			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Effective date, if other than the date of filing: \(\frac{1}{2} \sum_{\lightarrow \lightarrow \lighta					
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. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Oct 31 Signature of a member or authorized representative of a member					
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Signature of a member or authorized representative of a member			ine carm	J. 41.	
Signature of a member or authorized representative of a member	Dated	Oct 31 / 18			
Signature of a member or authorized representative of a member		Smith with	13	2018	
Typed or printed name of signee		Signature of a member or authorized representative of a member		NOV -7	
			- ,-	_	

Page 3 of 3

Filing Fee: \$25.00