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(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		BAR II, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lua T. Hoang		
			Name of Person	
			Firm/Company	
		51 Marilyn Ave. NW		
			Address	
		Fort Walton Beach, FL 325	48	
		aastrans@yahoo.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Angie Haw			850 497-5843 at ()	
	Name of	l'Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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

TO:

Registration Section

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

LUXENAIL BAR II. 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 _06/07/2019 ____ and assigned Florida document number _____L19000151259 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Type of Action
AMGR	Lua T. Hoang	51 Marilyn Ave. NW Fort Walton Beach, FL 32548	
			Remove
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<u>lote:</u> If the	e date inserted	han the date of e date must be specification this block doc on the Department	es not incer th	ie applicable st	of filing or more tha itutory filing requ	(optional) n 90 days after filing, irements, this date) Pursuant to 605.020 will not be listed as
		delayed effec the record is		but not an e	effective time,	at 12:01 a.m.	on the earlier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00