

L19000293448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

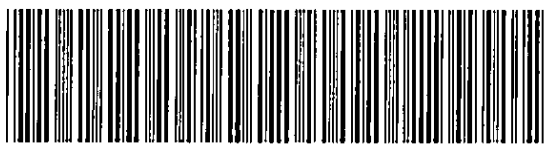
(Business Entity Name)

(Document Number)

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DEC 17 2019  
M. SOLOMON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 103129 5840A  
AUTHORIZATION :   
COST LIMIT : \$25.00

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ORDER DATE : December 16, 2019  
ORDER TIME : 2:57 PM  
ORDER NO. : 103129-005  
CUSTOMER NO: 5840A

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DOMESTIC AMENDMENT FILING

NAME: EBAR ENTERPRISES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: EBAR ENTERPRISES, 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:

STEVEN I GREENWALD

\_\_\_\_\_  
Name of Person

LAW OFFICES OF STEVEN I GREENWALD

\_\_\_\_\_  
Firm/Company

6971 NORTH FEDERAL HIGHWAY, SUITE 105

\_\_\_\_\_  
Address

BOCA RATON, FL 33487

\_\_\_\_\_  
City/State and Zip Code

SUSAN-GREENWALDLAW@ATT.NET

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

For further information concerning this matter, please call:

Steven I Greenwald, Esq.

at ( 561 ) 994-5560

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

EBAR ENTERPRISES, 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 DECEMBER 10, 2019 and assigned Florida document number L19000293448.

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)

2019 DEC 16 PM 1:08  
FILED  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

FILED

**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: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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>
MGR	ERIC BARBER	4500 OAK CIRCLE, BLDG C, SUITE 2	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
		4500 OAK CIRCLE, BUILDING C, SUITE 2	<input type="checkbox"/> Change
MGR/AMBR	ERIC BARBER	BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MARIA R. BARBER	4500 OAK CIRCLE/BUILDING C/SUITE 2	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
		4500 OAK CIRCLE/BUILDING C/SUITE 2	<input type="checkbox"/> Change
MGR/AMBR	MARIA R. BARBER	BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 DEC 16 PM 1:09

11:00

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: DECEMBER 5, 2019 (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 12/16, 2019.

*Eric M. Barber*  
Signature of a member or authorized representative of a member

ERIC M. BARBER  
Typed or printed name of signee

Filing Fee: \$25.00