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D. BRUCE DEC 05 2021

Division of Corporations
JBJECT: The Little Bar Conpany LLC  Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.  case return all correspondence concerning this matter to the following:
Alech Sleidnore Name of Person
The LAtte Ber Corpony Firm/Company
43A Atlantic Ocks Circle
St Angusting Florida 32080 City State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Alcah Skid-occ at 98 66 608  Name of Person Alexander Wulfekoldt  Area Code Daytime Telephone Number 732 339 5885
nclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee. \$\Bigcup \\$60.00 Filing F

## Mailing Address:

TO:

**Registration Section** 

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 ORGANIZATION OF

The Litt	le Bur Company LLC			
(Name of the Limited	Liability Company as it how appears on our rec Florida Limited Liability Company)	ords.)		
The Articles of Organization for this Limited Lial Florida document number <u>L 200000300</u>	· · · · · · · · · · · · · · · · · · ·	2020	and assi	gned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "I	LC" or the abb	reviation "L.I.	C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		ter the name	of the new	registered
Name of New Registered Agent:			m 24	
			1 2	±
New Registered Office Address:	Enter Florida street ada	iress	<u></u>	
		Florida		
	City	Florida	Zip Code	<u> </u>
New Registered Agent's Signature, if changing Re	gistered Agent:		. ආ	,
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this ch	and complete performance of my duties, ered agent as provided for in Chapter 60 gistered office address, I hereby confirm	and I am fa 5, F.S. Or. i	miliar with f this docum	and nent is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wulfeloth, Alexander, C	43 Atlantic Oels Circle	□Add
		Unit A , St Augustine	Remove
		Florida 32020	□Change
MGR	Skidmore Aleah, C	43 Atlantic Onles Circle	Add
		Unit A St Ayestine	□Remove
		Plorida 32020	□Change
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record specifies a de	clayed effective date.	but not an effect	ive time, at 12:01	a.m. on the earlier	rof:(b) The	90th day	after the
a is mea.	1 1	×1					
Dated	।।।।ऽ/२०२	· · · · · · · · · · · · · · · · · · ·	مربر				
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