L200000 37561

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Amend

MAR 2 7 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	F10 Barta	enders LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Karen	falacio	
		Name of Person	
	tio Priv	tenders LCC	
		Firm/Company	
	C 0	· no to	
	8926	NW 176Th Land	L
	Hialeet, F	City/State and Zip Code	
	5	_	
	E-mail address: (1	(Composed for future annual report notific	cation)
For further information cor	ncerning this matter, please ca		
	nacio.	at (7 8 6) 419 93	270
Name of I	'erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Se		Registration Sec	
Division of Co P.O. Box 6327	-	Division of Corp The Centre of Ta	
Tallahassee, FI			Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLO Bartenders UC

(<u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	as it now appearability Company)	s on our record	<u>s.</u>)		
The Articles of Organization for this Limited Liabil Florida document number <u>L200000375</u>	lity Company w	vere filed on 🗍	anuary	<u>31 202</u>	O and a	ssigned
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabili	ity company he	ere:			
The new name must be distinguishable and contain the words	"Limited Liability	y Company," the d	esignation "LLC	" or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable	e:					
(Principal office address MUST BE A STREET A	DDRESS)					
Enter new mailing address, if applicable:				MSE AND	2020 HAR	
(Mailing address MAY BE A POST OFFICE BO)	X)		_	:2:	<u></u>	-
	<u></u>			· .	7	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ldress on our r	ecords, <u>enter</u>	the name o	ர ர த்த	ew register
Name of New Registered Agent:						
New Registered Office Address:		Fotor Flor	ida street addres			· · ·
		Litter I'(t)				
_		City	, Flo	orida	Zip Cod	

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kuren Palacio	8926 NW 176th Lane Hialean FL 3310718	≾ Add
		Alotteett 10	Remove
			□ Add
			□Remove
		·	□ Change
			□Add
			□Remove
			Change
			□Add
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			Change
			🗆 Add
			□Remove
			□Change

. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	, ''
(If an et Note:	tive date, if other than the date of filing:
the reco cord is f	rd 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 iled.
Dated	March 9th 2020
	Signature of a member or authorized representative of a member
	Koren Palacio Typed or printed name of signee