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TO:		istration Se ision of Cor		J. Prince Control of the Control of	.5 · · ·		,
CHRIE	CT.	CTRL_BAI	R, LLC		٠		
SUDJE	CI.	•	Name of Lim	nited Liability Company	,		
The enc	losed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.			
Please r	etum	all correspo	ndence concerning this matter	to the following:			
			Courtney Bissett-Hayes				
				Name of Person			
				Firm/Company			
			2210 South U.S. Highway	301, Suite 100			
				Address			
			Tampa, Florida 33619	0			
			courtney@bissettmcgrath.c	City/State and Zip C	lode		
			E-mail address: (to be used for future an	nual report notifi	cation)	
For furt	her in	iformation co	oncerning this matter, please c	all:			
Courtne	ey Bi	ssett-Hayes		813 at ()	340- 7 936		
		Name of	f Person	Area Code	Daytime	Telephone Number	
Enclose	d is a	check for th	e following amount:				
\$25	5.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing I Certified Cop (additional copy	У	Section \$60.00 Filin Certificate Certified Co (additional co	of Status &
	Reg Div P.C	iling Address gistration S vision of C). Box 632 lahassee, F	Section orporations 7	Reg Div The 241	et Address: gistration Secision of Corpe Centre of Ta N. Monroe lahassee, FL	oorations allahassee : Street, Suite 810)

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

CTRL_BAR, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on September 23, 2020	and assigned
Florida document number L20000292134		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited I</u>	iability company here:	
OVRPWRD, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
		£21
		157[NOV 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- 2 2
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B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the na	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Floridu street address	
	, Florida _	
	City	Zip Code

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>	Address	Type of Action
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			Change
			🗀 Remove
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Filing Fee: \$25.00