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(Requ	uestor's Name)	
(Addı	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

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T. MATTHEWS MAY -5 2022

COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations
SUBJECT: The Alibi Bar 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:
Michael J. Schmidt
The Alibi Bar LLC Firm/Company
8010 Surf Dr Address
Panama City Beach FL 3240f City/State and Zip Code M-Schm, LT Sch Q Vahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Schmidt at (850) 630-5530 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited L. Florida document number <u>L 23000</u>	iability Company were filed on 3-16-2022 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name o	f the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able: Same
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>Sime</u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name of the new registere</u> ss here:
Name of New Registered Agent:	michael J Schmidt
New Registered Office Address:	4109 Dany Dr Enter Florida street address
	Panama City Beach, Florida 32408 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>	Type of Action
Manager Manager	Michael J Schmidt	4109 Danny Dr Panama City Beach FL	X IAdd 3 .740 8
			Remove
			□Change
Member/ Manyer	Dana Burge	6701 Sunset Ave	□Add
		6701 Sunset Ave Panuma City Beach	FL □Remove
			Change
			□Add
			□Remove
,			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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			□Ad d
			□Remove
			Change
			□ Add
			□Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	tive date, if other than the date of filing:
the receivered is	ord 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 filed.
Dated	April 11th, 2022
	Signature of a member or authorized representative of a member
	Typed or printed name of signee