L22000181990

(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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04/26/24--01017--002 **25.00

COVER LETTER

TO: Registration So Division of Con			
	BARREL MOBILE BAR LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	REBECCAH GREEN		
		Name of Person	
	CORK & BARREL MOBI	ILE BAR LLC	
		Firm/Company	
	3670 CHARLES GREEN	RD	
		Address	
	HILLIARD FL 32046		
	CORVANIDRABBELBAR	City/State and Zip Code	
	CORKANDBARRELBAR(E-mail address: (ayGMAIL.COM to be used for future annual report notific	ation) []
For further information of	concerning this matter, please ca	all:	{
REBECCAH GREEN		904 631-0387	
Name o	of Person		Felephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tale 2415 N. Monroe Stallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORK & BARREL MOBILE BAR 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 04/15/2022 and assigned Florida document number 1.22000181990 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DOUBLE BARREL MOBILE BARTENDING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of 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) 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 t**he** limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

. If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the	date of filing: (optional)	
(If an effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed:	207 (3) as the
ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the	ne
Dated April 17	2024	
Blue	Signature of a member or authorized representative of a member	
D. 1. C.	٦	
Rebeccah Green		
	Typed or printed name of signee	