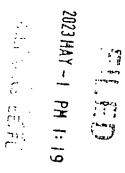
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(Re	questor's Name)	
(Ad	dress)	
(6.2	dress)	
(Ad	alessj	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	Mait Mait	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

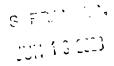
Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
CUDIFC	The Bar Ho			
SUBJECT:Name of Limited Liability Company				
The enclo	osed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Dedra Middleton		
			Name of Person	
		The Bar Hop LLC		
Firm/Company				
		P.O. Box 5123		
			Address	
		Gainesville, FL 32627		
			City/State and Zip Code	
		thebarhopllc1@gmail.com		
For furth	er information c	en-mail address: (to be used for future annual report no	mication)
		oneening was miner, prease of	352 514-9875	
Dedra Middleton Name of Person		at ()	ne Telephone Number	
	Name o	rerson	Area Code Dayin	ne receptione Number
Enclosed	is a check for th	he following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	rananassee.	ГЦ 343 1 4	Z415 IN. MODI	oe succi, suite o to

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BAK HOP LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L22000224262	were filed on May 12, 2022	and assigned
his amendment is submitted to amend the following:		
_	:lite commune bone	
. If amending name, <u>enter the new name of the limited liab</u>	inty company nere:	707
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.G;"
nter new principal offices address, if applicable:		1 1770
Principal office address MUST BE A STREET ADDRESS)		- 10 - 0 (H)
		mi - mj
nter new mailing address, if applicable:	P.O. Box 5123	F-10
Mailing address MAY BE A POST OFFICE BOX)	Gainesville, Fl. 32627	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
·	, Flor	ida 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>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Remove
		 	□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove