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(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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TO:

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING:

Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM:

National Corporate Headquarters, Inc.

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE:

Thursday, August 18, 2022

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

Articles of Amendment
 For HYDRO BAR, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502 22 AUG 26 PH |2: |4

COVER LETTER

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TO: Registration So Division of Co				•			
SUBJECT: HYDRO	BAR, LLC Name of Lim	ited Liability Company	**				
	Amendment and fee(s) are sub	•					
r lease return arr correspo	-	ate Maintenance Le	ad				
		Name of Person	_				
	Proc	essing Department		22 J			
		ғипис.ampany		AU6 26			
	1450 Vassar St						
		Address		- 1 2			
		22 AUG 26 PH 12: 14					
		City/State and Zip Code		f X			
	E-mail address: (to be used for future annual report notif	ication)				
For further information of	concerning this matter, please c	iH:					
Process	sing Department	at (800) 638-2320					
	of Person		Telephone Number				
Enclosed is a check for t	he following amount:						
☑ \$25.00 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 Sta Certified Copy (additional copy is c	atus &			
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O BAR, LLC nipany as it now appears on our records.) ited Liability Company)		
(A Florida Limi	ted Liability Company)		
The Articles of Organization for this Limited Liability Comp.	any were filed on 07/19/22	and assig	ned
lorida document number <u>L22000319527</u> .			
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited l	liability company here:		
he new name must be distinguishable and contain the words "Limited L	Sakilita Company "the designation of LC" with a	Advantad of	<u> </u>
the new many the triangularitime and contain the worlds. Entailed to	monthly Company, the designation Elector the	Minimal Minima	<u></u>
Inter new principal offices address, if applicable:			<u> </u>
Principal office address MUST BE A STREET ADDRESS	2		<u> </u>
		9,	00 !
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inter new mailing address, if applicable:		<u>:</u>	
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Mailing address MAY BE A POST OFFICE BOX)		· ···· · • · • · • · • · • · • · · · ·	
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If amending the registered agent and/or registered egistered agent and/or the new registered office address?		the name of	the n
SECRETARIA MARKATA CHE MEN TEGISTET CO VICTO ACCUSATOR ESSO.			
Name - CMarco Barrio - 1.4			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zio 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

ii amending Authorized Person(s) authorized to manage, enter the title, name, and audress of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR_	James White	2630 W Broward Blvd Suite 203-180	🖸 Add
		Fort Lauderdale	Remove
		FL, 33312	Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00