Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

บว <u>''</u>≘⊞ail Address:_

₩ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAR 5 TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

Fax: 81343652

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAR 5 (Name of the Limited Liability (A Florida	TRANSPORT LLC y Company as it now appea Limited Liability Company)	urs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on _	11/15/2022	and assigned
Florida document number <u>L22000489115</u>	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	ere:	
Bar 5 Enterprises LLC			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		2023
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE BOX)			7.5
			2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, enter the na	me of the new registero
Name of New Registered Agent:	······································		
New Registered Office Address:			
	Enter Fle	orida 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 the limited liability company has been notified in writing of this change.

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To: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 81343652

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
			DAdd
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
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From: Registered Agents Inc.

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