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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
7,50		<u>_</u>
(80	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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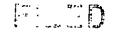
ch 3/22/2023

COVER LETTER

(10): Registration Se Division of Cor			
SUBJECT: 13 B	arrels Kava	a LOUNGE LLC	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dalton Ja	mes <u>Carrube</u> Name of Person	·
	13 Barruls K	GVALOUNGE Firm/Company	
	8011 sunce	Address	
	North Fort	Myers, Fl, 33 City State and Zip Code	917
	Dearrupele 13	3bayyels Kavalout to be used for future annual report not	nse com
For further information c	oncerning this matter, please co	ali:	
Dalton Name o	<u>Carrube</u> i Person	at (<u>239</u>) <u>634</u> - Area Code Daytim	S G 36 e Telephone Number
Enclosed is a check for t	he following amount:		
X \$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 Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C	•	Division of Cor The Centre of T	•
P.O. Box 632 Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 HAR 22 PM 1: 40

13 Barrels Kava (Name of the Limited Liability Compan	Lowe e	LLC TALLE DEEL. FL
(A Florida Limited Li	nabinty Company)	
the Articles of Organization for this Limited Liability Company v	were filed on $02/$	16/2023 and assigned
Horida document number <u>L 2 3 0 0 0 5 8 6 3 1 3</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
the new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or 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 a agent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cn.	
1 nevely accept the appointment as registered agent and agre 10 ovisions of all statutes relative to the proper and complete	e to act in this cape performance of my	acity. I further agree to comply with the duties, and I am familiar with and

cocept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is I ving 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:

MCR = Manager AMBR = Authorized Member

Litte	Name	Address	Type of Action
AMBR	Dalton Carrube	8011 SUNCOST Dr. North Fort Myers, F1 33917	上起Add
			🖸 Remove
			⊡Change
			_ 🗆 Add
			□Remove
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			🗆 Add
			□Remove
			Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
if an effec <u>Note:</u> 1	the date, if other than the date of filing:
ie record id is file	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 d.
Dated (03/22/2023
	Signature of a member or authorized representative of a member
	Dalton Carryge Typed or printed name of signee

. . .

Filing Fee: \$25.00