

L23000219414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

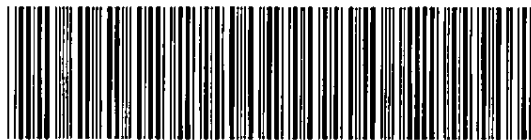
(Business Entity Name)

(Document Number)

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2023 NOV -8 AM 11:41
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARREL BUYING GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Ocean
Name of Person

United Brands
Firm/Company

6260-C Dupont Station
Address

Jacksonville FL 32217
City/State and Zip Code

andrew.ocean@unitedbrands.biz
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Ocean at (904) 730-0550
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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REG. DIV. OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BARREL BUYING GROUP 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 05/03/2023 and assigned Florida document number L23000219414

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MICHELLE DE DEO
1425 CANDY COURT
ST JOHNS FL 32859

2023 NOV 11
11:11
SECRET
FILE

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Bradford R. Lefkowitz	1425 CANDY COURT	<input type="checkbox"/> Add
		ST JOHNS FL 32259	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EPL PLUS, INC	2469 US HIGHWAY 90 W	<input checked="" type="checkbox"/> Add
		SUITE 130	<input type="checkbox"/> Remove
		LAKE CITY FL 32055	<input type="checkbox"/> Change
AMBR	CHAIM LITVIN	1611 ALMARA CIRCLE	<input type="checkbox"/> Add
		LOUISVILLE KY 40205	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BOURBON RABBIT LLC	1611 ALMARA CIRCLE	<input checked="" type="checkbox"/> Add
		LOUISVILLE KY 40205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHELLE DE'DEO	1425 CANDY COURT	<input checked="" type="checkbox"/> Add
		ST JOHNS FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FL
STATE OF FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SEC...TARY OF STATE
TALLAHASSEE, FL


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated NOVEMBER 3 . 2023


Signature of a member or authorized representative of a member

Andrew Ocean
Typed or printed