L23000394276

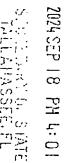


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	Office Use Only	



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	ARTEBAR	LLC	ı	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSE RAMON TEBAR		
			Name of Person	
		ARTEBAR LLC		
			Firm/Company	
		6075 W COMMERCIAL	BLVD	
Address			**************************************	
		TAMARAC. FL 33319		
			City/State and Zip Code	
		jrtebar@gmail.com		
		E-mail address: (to be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please c	all:	- · · · ·
Claudia Esco	obar Reyes		954 724-4141 at ()	
	Name of	f Person		ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)
Rep Div P.C	iling Address gistration S vision of Co D. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTEBAR, 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 Florida document number L23000394276 . This amendment is submitted to amend the following:		and assigned	
A. If amending name, enter the new name of the limited liability of	ompany here:		
ITHACART, LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation	1 "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		S 20	
(Principal office address MUST BE A STREET ADDRESS)			
		S :	
		λ · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		SSE PROPERTY.	
(Mailing address MAY BE A POST OFFICE BOX)		To I	
		ш <u>—</u>	
B. If amending the registered agent and/or registered office addre	ss on our records,	enter the name of the new regi	
agent and/or the new registered office address here:			
N CN P '			
Name of New Registered Agent:	<u>.</u>		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	ity	Zip Code	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
		 	
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change

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ffective date, if other than the an effective date is listed, the date must wote: If the date inserted in this blocument's effective date on the Document	t be specific and cannot be prior to ock does not meet the applicab	date of filing or more that le statutory filing requ	(optional) un 90 days after filing.) Pur uirements, this date will	suant to 605.02 not be listed
record specifies a delayed effective d is filed.	e date, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The 90	th day after th
September 4	, 2024	Aunin	Tobay	