L23000492850

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COVER LETTER

TO: Registration Se Division of Cor		•	1
Psalms Cor SUBJECT:	nstruction Services, LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
·	Wade Carter		
		Name of Person	
	Psalms Construction Servi	ces, LLC	
		Firm/Company	
	1345 Hollister Rd		
		Address	
	Babson Park, FL 33827		
	psalmsconstructionservices	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Wade Carter		863 381-5319 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Psalms Construction Services, 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 ______ __ and assigned Florida document number L23000492850 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Bar 2 Bar, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	Mallory Carter	1345 Hollister Rd. Babson Park, FL 33827	■Add
			□Remove
			□Change
· <u>-</u>			□Add
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(If an effe <u>Note:</u>		must be specific and c s block does not me	annot be prior to dat et the applicable s		(optional) 90 days after filing.) Pursuant ements, this date will not	
	ord specifies a dela 90th day after the i		ite, but not an	effective time, a	t 12:01 a.m. on the	earlier of:
Dated _	April. 10th	1	2024			
Dated_			· · ·			
		Signature of a ma	ember or authorized	representative of a men	ahet	
		Signatilic of a fire	emper or authorized	representative or a tilen	1001	
	Wade Carter					

Typed or printed name of signee