L80506

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C. BRUMBLEY
JUN 3 0 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: BAR G ENTERPE	RISES, INC.		
DOCUMENT NUM				
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	JOSEPH J WHYTE			
		Name of Contact Person	n	
	BAR G ENTERPRISES, INC	· 		
	<u> </u>	Firm/ Company		
	707 WESLEY AVE			
		Address		
	TARPON SPRINGS, FL 346	589		
	·	City/ State and Zip Cod	e	
	joe@bargtampabay.com			
		sed for future annual report	notification)	
For further informati Matthew Delgado	on concerning this matter. plea	se call: at (230-0811	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BAR G	ENTERPRISES, INC.
-------	-------------------

(Name of Corporation as	currently filed with the	Florida Dept. of State	<u>.</u>	<u> </u>
L80506				
(Document ?	Sumber of Corporation (if	fknown)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Profit C</i>	Corporation adopts the	following ame	ndment(s) to
A. If amending name, enter the new name of the corpor	ation:		The	new
name must be distinguishable and contain the word "corpor" "Inc.," or Co.," or the designation "Corp." "Inc." or "chartered," "professional association," or the abbreviation. B. Enter new principal office address, if applicable:	"Co". A professional on "P.A." NA		hreviation "Co	orp ."
(Principal office address MUST BE A STREET ADDRES	<u>s</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		SECRETARI TALL ARI	7022 Hay
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		enter the name of the	Y OF STATE VSSEE, FL	3 O
Name of New Registered Agent V			<u> </u>	1-K
	Florida street address)			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	, Florida		
New Registered Office Address.	(City)	. Horida	(Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am		the obligations of the po	osition.	
Signature	of New Registered Agent.	if changing	<u></u>	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V</u>	MATTHEW W DELGADO	1819 LEXINGTON PL
X Add			TARPON SPRINGS, FL 34688
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			***
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
·
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A

The date of each amendment(s) date this document was signed.	adoption:	if other than the
date tins document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, t Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following some each voting group entitled to vote separately on the amendment(s)	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
05/01/20	22	
1)aled		
Signatüre	- Freeham	
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	JOSEPH WHYTE	
	(Typed or printed name of person signing)	
	President and Director	
	(Title of person signing)	