## 15000158557

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PICK-UP WAIT MAIL
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2022 JUN - 1 AM 9: 50
SECONDANIA OF STATE

## **COVER LETTER**

SUBJECT: 1306 Loung		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Bradley Knoefler		
		Name of Person	
	1306 Loinge, LLC		
		Firm/Company	
	153 E FLAGLER ST # 22	5 Address	
		Address	
	MIAMi	City/State and Zip Code	
	bknoefler@gmail.com	to be used for future annual report noti	
For further information co	oncerning this matter, please co	·	nication)
Bradley Knoefler		at (305 ) 527-7332	
Name of	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
<b>≅</b> \$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	:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

FILED 2022 JUN-1 AM 9: 50

Zip Code

1306 Lounge, LLC

(Name of the Limited Liability Company as it now appears on our records) (E. LARY OF STATE TALL AHASSEE, FL and assigned assigned to a mend the following:

The Articles of Organization for this Limited Liability Company were filed on 9/17/2015 and assigned florida document number 1.15000158557

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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

## New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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
AMBR	Bradley Knoefler	153 E Flagler Street # 377	<b>=</b> Add
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an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic	r to date of ti	ling or more tha	n 90 days after	filing.) Purs	uant to (	505.020
ocument's effective date on the Department of State's records	5.	ary minig requ	mements, un	s date with	iiot be i	isicu a
record specifies a delayed effective date, but not an effective to is filed.	time, at 12:0	l a.m. on the	earlier of: (b	) The 90t	h day a	fter the
is med.						
ated May 26	•					
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	- I I I					
Signature of a member or auth	Locked Spre	contative of a n				