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(Reque	estor's Name)
(Addre	ess)
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PICK-UP	WAIT MAIL
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. (Docur	nent Number)
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EXAMIN	IER

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations				
SUBJE	CCT:	705 \$	SPACE LLC			
		Name of Limi	ted Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please 1	eturn all correspor	ndence concerning this matter	to the following:			
		Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Joseph B. Ryan III, Esq. Name of Person				
			Name of Person			
		JOS				
			Firm/Company			
2701 S. BAYSHORE DR., SUITE 402						
						
		IDD				
		E-mail address: (t	o be used for future annual report notific	M notification) 444-4949 aytime Telephone Number \$60.00 Filing Fee, Certificate of Status &		
For furt	her information co	ncerning this matter, please co	all:			
	Joseph &	3. Ryan III, Esq.	at (305) 4	44-4949		
	Name of	Person	Area Code & Daytime	Telephone Number		
Enclose	d is a check for the	following amount:				
√ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

705 SPACE LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
(a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.	,,
The Articles of Organization for this Limited Liability Company were filed on	n 05/10/2010 and assigned
Florida document numberL10000050246	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	<u>ny here</u> :
The new name must be distinguishable and end with the words "Limited Liability ("L.L.C."	Company," the designation "LLC" or the abbreviation
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)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	N THE
	Enter Florida street address
City	, Florida 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>le</u>	<u>Name</u>	Address	Type of Actio
			Add
			Kemove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.) as a 50% Member	_
			_
			
ed	September 1,	2011 .	
 ed	September 1	2011 	_

Page 2 of 2

Filing Fee: \$25.00