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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MECHANIK NUCCIO HEARNE & WE

Account Number : 110727003105

Phone

: (813)276-1920

Fax Number

: (813)276-1560

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOHO SALOON, LLC

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J. SAULSBERRY **EXAMINER**

JUN 12 2012

H120001549643

COVER LETTER

TO:	Registration S Division of Co						
			Saloon, LLC				
		Name of Limi	ted Liability Company				
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
			Stacey Catherwood				
Name of Person							
		Mechanik	Nuccio Hearne & Wester, Pa	A			
Firm/Company							
	305 South Boulevard						
	Address						
		Т	ampa, Florida 33606				
	City/State and Zip Code						
		F.mail addrace:	to be used for future annual report notifica	tion	ZE SE		
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ror mi	ther information	concerning this matter, please of	can:		ASA	Z	COMPANIA.
	Stac	ey Catherwood	at (813) 2 Area Code & Daytime 7	76-1920	RETARY OF STA	_	
	Name	of Person	Area Code & Daytime	Celephone Number	FSI	=	(-
.	and the control of	. C. M			ORIE ORIE	112 JUN 11 AM 8: 22	
		the following amount:	Fig. con Piv. Tr. a		J.F.		
[√] \$23	.00 Filing Fee	530.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified ((additional	of Status Copy)
		DIC APPRECE		* 4 WDD 200			

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

	Soho Saloon, LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liz Florida document numberL12000045		April 3, 2012	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Comp	any," the designation "	Lt.Co or the abbreviation
Enter new principal offices address, if applica	ble:		ASS =
(Principal office address MUST BE A STREET	TADDRESS)		Mô - M
•			N 8-22
Enter new mailing address, if applicable:) A
(Mailing address MAY BE A POST OFFICE L	30X)		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	dress
		, Florida	
	City		Zip Code
Naw Pasistavad Acast's Signatura if changing D	antitanad Amont.		

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 Changing Registered Agent, Signature of New Registered Agent

, Ç

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael D. Disser	401 Harbour Place Drive, Unit 1307 Tampa, Elorida 33602	Add Remove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY
			LED M & 22
Dated	June 11	$\frac{2012}{\left\langle \frac{1}{2} \right\rangle \left\langle \frac{1}{2} \left\langle \frac{1}{2} \right\rangle \left\langle \frac{1}{2$	~
	Alford	nember or authorized representative of a member A. Colb Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00