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COVER LETTER

	Registration Sec Division of Corp		:	
SUBJEC [*]	Space 39 Ba	ar LLC		
		Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Steven A. Ramunni		
			Name of Person	
			Firm/Company	
		1533 Hendry Street, Suite	101	
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	A STATE OF THE STA
		steve@kahleramunni.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Steven A.	Ramunni		239 791-3900 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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:

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**

SPACE 39 BAR LLC (Name of the Limited Liability Company as it now appears on our records)

(A Florid	a Limited Liability Company)	<u>, u.s.</u>)
The Articles of Organization for this Limited Liability (Company were filed on 7/25/12	and assigned
Florida document number 112000095971	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	ited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		rds, enter the name of the
Name of New Registered Agent:		SS O COMMON
New Registered Office Address:		
	Enter Florida street addr	ress GS 4
		Florida 🔀 😘
	City	Zip Code

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	JASON SMITH	17196 Malaga Road	= Add
		Fort Myers, FL 33967	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00