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## **COVER LETTER**

	Registration Se Division of Corp			
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SUBJEC	4:	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspo	ndence concerning this matter t	to the following:	
		Alexandria Zettler and Kee	li Goins	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Studio E Art Space, LLC		
			Firm/Company	
		3550 Espalnade Way Apt. 3	3313	
		<u></u>	Address	
		Tallahassee, FL 32311		
			City/State and Zip Code	
		studio Lawzettler@gmail.com		
			o be used for future annual report notific	auon)
For furthe	er information co	oncerning this matter, please ca	dł:	
Keeli Goi	ins		706 851-7806 at ()	
	Name of	f Person	Area Code Daytime	Felephone 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:

TO:

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

Studio1: Art Space, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L Florida document number L16000036319	.iability Company	were filed on February 23	3. 2016 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	1801 Sunset Lane		
(Principal office address MUST BE A STRE		Tallahasse, FL 32303		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	1801 Sunset Lane Tallahassee, FL 32303		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	ecords, enter the name of the n	
	12471 Gulf Blv	·		
New Registered Office Address:	124/1 Gull Bit	Enter Florida street	address	
	Tallahassee		, Florida <sup>32311</sup>	
		City	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 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 Seent

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	Keeli Nicole Goins	j801 Sunset Lane, Tallahassee, FL 3	≅ Add
			Change
AMBR	Alexandria Wyeth Zettler	1471 Gulf Blvd, Cedar Key, FL 326	Add
			⊡ Remove
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Filing Fee: \$25.00