L18 000165646

| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section

| Division of Cor | rporations | | |
|-------------------------------|---|-------------------------|--|
| 8Street Bar | Holding LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Tiffany Gonzalez | | |
| | | Name of Person | |
| | Accounting to Scale | | |
| | | Firm/Company | |
| | 8055 Coral Way | | |
| | | Address | |
| | Miami, FL 33155 | | |
| | Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Tiffany Gonzalez Name of Person Accounting to Scale Firm/Company 8055 Coral Way Address Miami, FL 33155 City/State and Zip Code tiffany@accountingtoscule.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: Person at (305 | | |
| | - | | stification) |
| For further information e | | · | ,,,,,, |
| Tiffany Gonzalez | , | | |
| · | | | |
| Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ■ \$25.00 Filing Fee | _ | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres Registration S | | | ection |
| Division of C | | | |
| P.O. Box 632 | 7 | | |
| Tallahassee, I | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: | |
|--|--------------|
| Florida document number L18000165646 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| 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) | |
| 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) | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Continue Co | |
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| or N → | |
| Enter new mailing address, if applicable: | Ħ. |
| (Mailing address MAY BE A POST OFFICE BOX) | · |
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| B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u> agent and/or the new registered office address here: | <u>stere</u> |
| - Lancied Control address nere. | |
| Name of New Registered Agent: | |
| Name of New Registered Agent. | — |
| New Registered Office Address: | _ |
| Enter Florida street address | |
| , Florida | |
| City Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Tițle</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|-----------------|
| MGR | Mark Meram | 601 Brickell Key Drive Ste 700, Miami, FL 33131 | □Add |
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| ective date, if other effective date is listed te: If the date insert cument's effective d | ted in this block do | es not meet t | he applicable | ic of titing of the | ore than 90 days a | | |
| ecord specifies a dela is filed. | iyed effective date | , but not an e | Tective time, | at 12:01 a.m. c | on the earlier of | (b) The 90th | day after ti |
| ated February | , 27 | 2 | GSO | | | | |
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Filing Fee: \$25.00