

LO7000010389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

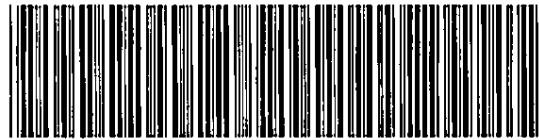
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200350379422

09/09/20--01008--027 \*\*25.00

RECEIVED

SEP 08 2020

SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 SEP -8 AM 6:31

FILED

D BRUCE  
OCT 19 2020

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 212 ARTS OFFICE, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXANDER F. CABRERA  
Name of Person  
212 ARTS OFFICE, LLC.  
Firm/Company  
3465 NW 84TH AVE  
Address  
MIAMI, FL. 33122  
City/State and Zip Code  
ALEXCABRERA@MAC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER F. CABRERA at (786) 897-2431  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2020 SEP - 8 AM 6:31  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

212 ARTS OFFICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/29/2007 and assigned Florida document number L 07000010389.

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:**

XXXXXX ON FILE XXXXXXXXXXXXXXXXXXXX

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

XXXXXX ON FILE XXXXXXXXXXXXXXXXXXXX

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

XXXXXX ON FILE XXXXXXXXXXXXXXXXXXXX

New Registered Office Address:

Enter Florida street address

Florida

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 Agent**



