L10000103391

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

AUG 21 2015

COVER LETTER

Division of C	Corporations	,		
	CO IMAGE INTERNATIONAL	, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	AHMET UYSAL			
		Name of Person		
	ART DECO IMAGE INT	ERNATIONAL, LLC		
		Firm/Company		
	_	Address		
	MIAMI FL, 33155			
	_	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	AUYSAL@ARTDECOIM			2
	E-mail address: (to be used for future annual report notific	ation)	;
For further information	n concerning this matter, please c	all:	SECRETARY ALLAHASSE	-
AHMET UYSAL		305 815-8292 at ()	<u> </u>	FILED
	e of Person	Area Code Daytime	Felephone Number STATE	O
	r 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 State Certified Copy (additional copy is enc	

MAILING ADDRESS:

TO:

Registration Section

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

ART DECO IMAGE INTERNATIONAL,LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L10000103391}{L10000103391}$.	were filed on 10/4/2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ART DECO PICTURES, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5453 NW 72 AVENUE
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5453 NW 72 AVENUE MIAMI, FL. 33166
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the no
N. D. i. IOC. All	—
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

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
MGRM	CARLA BARANDAS	7440 NW 4 STREET #201	Add
		PLANTATION, FL3 33317	■ Remove
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			Add
			□ Remove
			□ Change
			Add
			☐ Remove ´
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	es a delayed e	ffective d	ate, but i	not an eff	ective tin	ne, at 12	:01 a.	m. on	the earlie
ecord specific	fter the record	l is filed.							
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he 90th day a			2015						
record specific he 90th day a AUGUST 18			2015 Mu						

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Filing Fee: \$25.00