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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: ART SQUAD, 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:
Wendy Anderson Name of Person
Wendy Anderson, P.A. Firm/Company
P.O. BOX 2164 Address
Winter Park, Fl. 32790 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wendy Anderson at (407) 628-908/ CXf. 11/ Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$ Certified Copy \\ \text{(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

(Name of the Limited Li (A F)	iability Compan Iorida Limited Li	y as it now ability Com	appears on our	r records.)		-	
The Articles of Organization for this Limited Liab		were filed o	nJan. 2	14,2012)— and	assi	gned
Florida document number L12000011 43	<u> </u>						
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	ne limited liabil	lity compa	ny here:				
ART SQWAD, LL	C						
The new name must be distinguishable and end with t "L.L.C."	he words "Limite	ed Liability	Company," the	designation "LI	LC" or t	he al	obreviatio
Enter new principal offices address, if applicab	le:						
(Principal office address MUST BE A STREET	ADDRESS)				4		
						<u> </u>	
				A :1		2	*****
Enter new mailing address, if applicable:				شر این این	}}.	3 7	A DI COMPA A MARKANDA M
(Mailing address MAY BE A POST OFFICE BO) <i>X</i>)			i.	¹ © <u>≱</u>	<u>-</u>	m
	<u>,</u>			l	·	=	7
						<u>.</u> ک	
B. If amending the registered agent and/or	registered offi	ce address	on our reco			ית e of	the nev
registered agent and/or the new registered offic				,			
Name of New Registered Agent:	* ****			* 00 3 00 0 0 0			
New Registered Office Address:							
		Enter Florida street address					
	. Florida						
-		City		,	Zip C	ode	,
New Registered Agent's Signature, if changing Reg	distered 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Ac
			Add Remove
			Add Remove
			Add Remove
			_
			Add Remove
			Add
			Remove
			Add
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втеп	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	•
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			_
_	<u> </u>		_
	Jan, 25, 20	12.	
	, , , , , , , , , , , , , , , , , , , ,		
	Wendy Anderson	or authorized representative of a member	- .

Page 2 of 2

Filing Fee: \$25.00