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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHRIDAY ALLADTA	NOTHING FRANKS AND AND	CALLEDY OF MIAMIL AVEOUR	
SUBJECT: ALL ARTE		GALLERY OF MIAMI LAKES, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BERNARDO	R ANGEL	
		Name of Person	
	ALL ART PICTURES FRAM	ING AND ART GALLERY OF MIAM	LAKES, LLC
		Firm/Company	
	15505 BULL RUN ROAD		
		Address	
	Miami Lakes, FI 3	3014	
		City/State and Zip Code	
	allartmiamilakes@	gmail.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
BERNARDO R	ANGEL	at (<u>954</u>) 865-9785	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Se	
Division of C		Division of Cor	•
P.O. Box 632	\mathcal{A}	The Centre of T	rananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ALL ART PICTURES FRAMING AND ART GALLERY OF MIAMILLAKES, 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 06/06/2013 and assigned Florida document number _______13000082130__ 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) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address , Florida City

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 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>	Name	Address	Type of Action
_MGR	FRANCILIA A ANGEL	1652 SANDPIPER CIRCLE WESTON, FL 33327	□Add
		■Remove	
			[]Change
			🗆 Add
			🗀 Remove
			[]Change
		, 	□Add
			□Remove
			[] Change
			🗀 Add
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer document's effective date on the Department of State's records.	(optional) days after filing.) Pursuments, this date will n	aant to 605. jot be liste	.0207 :d as
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear cord is filed.	rlier of: (b) The 90tl	n day after	r the
Dated 07/11/2022			
Signature of a member or authorized representative of a mem	iber	_	