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ALLAHASSEE, FLORDA

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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
subject: <u>Clo</u> w	d 10 Art + Name of Limi	Collectables, ted Liability Company	LLC
The enclosed Articles of Articles	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	<u> </u>	name of Person	
	Cloud 10	AC+ + Colle Firm/Company	ctibles, LLC
	605	NE 25 AVE	me
	Pompano I	Beach, FL 33 City/State and Zip Code  6 a gmail: Co o be used for inture annual report	062
	E-mail address: (t	o be used for inture annual report	notification)
For further information con	cerning this matter, please ca	all:	
Lisa De Name of P	erson	at ( <u>954</u> ) <u>Area Code</u> Da	+94-0571 Lytime 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/COURIER ADDRESS:

10

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOUD 10 ART +	COLLEC	CTABLES,	uc	
( <u>Name of the Limited Liabi</u> (A Florid	lity Company a la Limited Liab	s it now appears on o	ur records.)	(A) 00
The Articles of Organization for this Limited Liability of Florida document number \(\begin{align*} \L 1700001933\)\\ This amendment is submitted to amend the following:	Company we			CREATION OF STATE
A. If amending name, enter the new name of the lin	nited liability	company here:		5 O
COUD 10 ART + ( The new name must be distinguishable and contain the words "Lir	COLLECT	TIBLES, LL	<u>_</u>	
The new name must be distinguishable and contain the words "Lir	nited Liability (	Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		605	NE 25	Avenue
(Principal office address MUST BE A STREET ADD	RESS)	Pompar	10 Beach	,FL 33062
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		605 Pomp	NE 25 ano Be	Avenue ach, PL 33062
B. If amending the registered agent and/or regiregistered agent and/or the new registered office add		address on our	records, ente	r the name of the new
Name of New Registered Agent:	LIS	A DODER	20	
New Registered Office Address:	605	NE 25 ) Enter Florida str		
<u>_                                    </u>	mpano	Beach	, Florida _	33062 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Max S Ruback	328 SE 7Avenue	□ Add
		Deerfield Beach FL 33441	Remove
			Change
MGR	Usa A Dodero	605 NE 25 Avenue	Add
		Pompano Beach, FL 33062	□ Remove
			Change
			🗆 Add
		EAC CONTRACTOR OF THE PARTY OF	☐ Remove
		AN SSE	Charles 26
		FLORE P	Remove  Remove  Remove
			☐ Change
			□ Add
			□ Remove
,			Change
			□ Add
			☐ Remove
			Change

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lfan effe <u>Note:</u> I	ve date, if other than extive date is listed, the date if the date inserted in thient's effective date on the	must be specific a is block does no	and cannot be t meet the ap	oplicable stat	filing or more th utory filing req	(option of the contract o	filing.) Pursuant to 60	05.0207 sted as
	ord specifies a dela 90th day after the			t not an ef	fective time,	at 12:01 a	a.m. on the ear	lier of
Dated _	February	22 Pha	, <u>201</u>	8. Dod	esol			

Page 3 of 3

Filing Fee: \$25.00