

L10000103391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 21 2015

(BRUC)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ART DECO IMAGE INTERNATIONAL, 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:

AHMET UYSAL  
Name of Person  
ART DECO IMAGE INTERNATIONAL, LLC  
Firm/Company  
8346 SW 37 STREET MIAMI, FL 33155  
Address  
MIAMI FL, 33155  
City/State and Zip Code  
AUYSAL@ARTDECOIMAGE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AHMET UYSAL at (305) 815-8292  
Name of Person Area Code Daytime Telephone Number

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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:**  
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

(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 10/4/2012 and assigned  
Florida document number L10000103391.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ART DECO PICTURES, LLC

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:

5453 NW 72 AVENUE

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

MIAMI, FL 33166

Enter new mailing address, if applicable:

5453 NW 72 AVENUE

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

MIAMI, FL. 33166

**B. If amending the registered agent and/or registered office address on our records, 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

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>	<u>Type of Action</u>
MGRM	CARLA BARANDAS	7440 NW 4 STREET #201	<input type="checkbox"/> Add
		PLANTATION, FL3 33317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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