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C. GOLDEN APR - 8 2019

COVER LETTER

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Divis	ion of Cor	porations		
SUBJECT: _	MICKA AR	T AND FRAME, LLC		
		Name of Lim	ited Liability Company	
The enclosed a	Articles of a	Amendment and fec(s) are sub	mitted for filing.	
lease return a	dl correspo	ndence concerning this matter	to the following:	
		i	Michael J. Pardo, Esquire	
			Name of Person	<u>. </u>
		Par	do Jackson Gainsburg, PL	
			Firm/Company	
Address				
Miami, Florida 33131				
			City/State and Zip Code micka_kay@yahoo.com	
		E-mail address: (to be used for future annual report notif	ication)
or further info	ormation co	oncerning this matter, please ca	all:	
Michael J. Pardo		Pardo	305 358-1001	
	Name of	Person	Area Code Daytime	Telephone Number
inclosed is a c	heck for the	e following amount:		
■ \$25.00 Fili	ing 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:

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

FILED

2019 APR - 1 PH 3: 49

	A FINE ART, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears a Limited Liability Company)	on our records.)	TALE, USSIGE, FL
The Articles of Organization for this Limited Liability C Florida document number	Company were filed on	03/18/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>e</u> :	
MICKA FINE AR	T AND FRAME, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the des	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florid	a
1	City		Zip Code

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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 or removed from our records</u>:

MGR = M $AMBR = A$	lanager .uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change

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<u>ote:</u> 11	e date, if other than the date of filing:
reco The 9	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier o 00 th day after the record is filed.
ated	MARCH 25 2019

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00