

L20000351870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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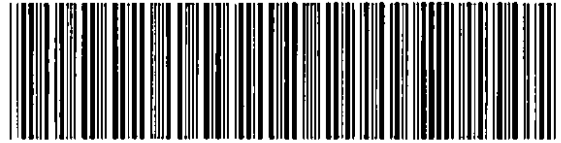
(Business Entity Name)

(Document Number)

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2021 04 23 PM 12:37
STATE
TOLSON, FL

2021 04 23 PM 12:37

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2165 NW 19 ST 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:

EDWARD ADAMS CPA

Name of Person

ADAMS & ASSOCIATES, P.C.

Firm/Company

34 W LAFAYETTE ST

Address

TRENTON NJ 08608

City/State and Zip Code

ADAMSCPA34@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIMELECH MOSTER

917 822 7682
at ()
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2165 NW 19 ST 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 NOV 5 2020 and assigned
Florida document number L20000351870.

This amendment is submitted to amend the following:

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

ARTISTIC OVERLAY 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:

1620 SOUTH DIXIE HIGHWAY

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH FL 33060

Enter new mailing address, if applicable:

1620 SOUTH DIXIE HIGHWAY

(Mailing address MAY BE A POST OFFICE BOX)

POMPANO BEACH FL 33060

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:

1620 SOUTH DIXIE HIGHWAY

Enter Florida street address

POMPANO BEACH

City

Florida 33060

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 16, 2021

Edwiles M. ...
Signature of a member or authorized representative of a member

ELIMELECH MOSTER

Typed or printed name of signee