## 10000013465

(Re	equestor's Name)	
(Ad	ldress)	
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. (Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

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TO: Registration Se Division of Cor			•
ART CENT	TER, LLC		
SCHSECT,	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RANDY LEVINE		
•		Name of Person	
	ART CENTER, LLC		
•	·	Firm/Company	
	20533 BISCAYNE BLVD	#4218	
		Address	
	AVENTURA, FL 33180		
		City/State and Zip Code	
	randylevine2323@yahoo.co		
	E-mail addressi (	to be used for future annual report notif	ication)
For further information c	oncorning this matter, please ea	nH·	
RANDY LEVINE		305 528-7766 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 CENTER, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L00000013465	were filed on 11/02/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	iity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbreviation "L, L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	MA	
Enter new mailing address, if applicable:		15
(Mailing address MAY BE A POST OFFICE BOX)	MA	SOF THE PROPERTY OF THE PROPER
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ente</u> :	
		22
Name of New Registered Agent:	110	
New Registered Office Address:	Enter Florida Street address	
	, Florida _	
	Cav	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>	Address	Type of Action
MGR	RANDY LEVINE	20533 Biscayne Bud 4218	
		AUENTURA FL 33180	🗷 Remove
			Change
MGR	"RANDY LEVINE REVOCABLE	20533 Biscayne Bivil 007 #4211 AUENTURA FL 33180	Add
·	as amended "	AUENTURA FL 33180	□ Remove
			Change
<del></del>			Add .
			Remove
			SEE Champ F. C. P. C. P. Add 2
			PAdd N
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effective date is listed, the date must	date of filing:	(optional) ore than 90 days after filing ) Pursuant to 605.0
ument's effective date on the De	ck does not meet the applicable statutory filin partment of State's records.	g requirements, this date will not be listed
record specifies a delayed he 90th day after the reco	effective date, but not an effective to ord is filed.	ime, at 12:01 a.m. on the earlier
ALICHET OI	2015	
ed AUGUST 01	2015	
	Signature of a member or authorized representative	

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Typed or printed name of signee

Filing Fee: \$25.00