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### **COVER LETTER**

Division of Co	rporations		
SUBJECT: A+	can UC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph	Lekach Name of Person	
	Artcan,	LLC Firm/Company	
		Firm/Company	
	2001 5le	Address  Address  City/State and Zip Code	5
		Address	
	Hollywoo	1, FL 33020	
	Joseph Co E-mail address: (	City/State and Zip Code  CHCAGOLP, Com  to be used for future annual report notif	ĭcation)
For further information of	concerning this matter, please ca	all:	
Joseph Le	kach	at ( 3 (5 ) 74165 Area Code Daytime	-y <sub>0</sub>
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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:

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

Artcan, LLC		•
(Name of the Limi	ted Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited L Florida document number \(\( \sum_{\infty} \)	iability Comp 997	pany were filed on $\frac{6/13/08}{}$ and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited l	liability company here:
The new name must be distinguishable and end with the	words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE	T ADDRESS	2001 Tyler St.  STE 5 Hollywood, FL 33020
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2001 Tyler St. Ste 5 Hollywood, FL 33020
B. If amending the registered agent and registered agent and/or the new registered or		d office address on our records, enter the name of the new here:
Name of New Registered Agent:		
New Registered Office Address:	2001	Tyler St. Ste Single State Sta
	Hollyw	Florida 330
New Registered Agent's Signature, if changing l	Registered Age	ent:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	The Sarpes Group, In c.	296 Ocean Blvd.	Add
	,	Golden Beach, # 2 33160	_
MGR	Joseph Lekach	296 Ocean Blud.	
		Golden Beach, FZ 33/60	Remove
MGR	Daniel Karten	4321 Casper Court	
<b>A</b> = <b>A</b>		Hollywood, FL 33021	<u> </u>
M <u>OR</u>	Joseph Lekach	2001 tyler St., Ste 5 Hollywood, FL 33620	□ Remove
		· · · · · · · · · · · · · · · · · · ·	
MER	Vaniel Karten	2001 Tyler St. Ste )	TA Add
		Hollywood, FL 33020	Remove
	· 		□ Add
			_□ Remove

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
` _	
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he effec	ve date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
The effect the date	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
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The effec	tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)  August  B  1014

Page 3 of 3

Filing Fee: \$25.00

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