

05/30/2019

1306 PROFESSIONAL SERVICES, LLC

FL 23054031001

P.001/005

LOGOUT 26

 Florida Department of State

 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000172798 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : PROFESSIONAL SERVICES
 Account Number : I20040000024
 Phone : (786)303-5010
 Fax Number : (305)403-1061

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ruben.alv@bellsouth.net

 LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
 REVC-ANTIGUA 13C

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$52.50 |

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MAY 31 2019

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Corporate Filing Menu

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COVER LETTER

H19000172798-3

TO: Registration Section
Division of Corporations

SUBJECT: REVC-ANTIGUA IBC 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:

Javier Baños Merchado Esq.
Name of Person

Law Services PA
Firm/Company

3176 Coral Way
Address

Miami FL 33145
City/State and Zip Code

rubenalu@bellsouth.net
E-mail address: (to be used for future annual report notification)

230 MAY 30 A 3 24

FILED

For further information concerning this matter, please call:

Jennifer Velasco at (786) 476-2000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

H190000172798-3

RENC-ANTIGUA 130 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 8/19/08 and assigned
Florida document number L08000079526.

This amendment is submitted to amend the following:

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

LATIN ART CORE CONTEMPORARY 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:

(Principal office address MUST BE A STREET ADDRESS)

No Change

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

No Change

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:

No Change

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

05/30/2019 13:07 PROFESSIONAL SERVICES, LLC
or removed from our records:

(FAX)305 403 1061

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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| | | | <input type="checkbox"/> Change |

Manager