L09000044493

| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bı | usiness Entity Nar | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

C. LEWIS

MAY 1.52009

EXAMINER

COVER LETTER

| Division of Corporations | | | | | |
|---|--------------------------------|--|--|--|--|
| SUBJECT: | ART GLOSS LL | C | | | |
| | Name of Limit | ed Liability Company | | | |
| | | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please return all correspond | dence concerning this matter | to the following: | | | |
| | | | | | |
| | Donald | l J Kahn Esq. | | | |
| | • | Name of Person | | | |
| | GREEN KAHN | N & PIOTRKOWSKI PA | | | |
| | | Firm/Company | | | |
| | 317 71st Stret | | | | |
| | | Address | | | |
| | Miami Beach, Florida 33141 | | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (t | o be used for future annual report notificati | on) | | |
| For further information cor | ncerning this matter, please c | all: | | | |
| | | | | | |
| Donald_J_Ka | hn Esq. | at <u>805</u>) <u>865</u> <u>4311</u> Area Code & Daytime Te | ext 34 | | |
| (Valife 6) | Claon | Area code de Dayanie IV | repriorie (varioe) | | |
| Enclosed is a check for the | following amount: | | | | |
| X \$25.00 Filing Fee | \$30.00 Filing Fee & | \$55.00 Filing Fee & | \$60.00 Filing Fee, | | |
| | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | | (additional copy is enclosed) | | |
| •• | NG ADDRESS | ompromise University | ADDRESS | | |
| MAILIN | NG ADDRESS: | STREET/COURIER | ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 MAY 14 PM 12: 09

| ART GLOSS LL | | ΤΔΙΙΔΗ: | TARY OF STATE ASSEE, FLORIDA |
|--|---|-------------------------------|--|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appe ida Limited Liability Company | ars on our records.) | |
| The Articles of Organization for this Limited Liabilit | ty Company were filed on | May 7, 2009 | and assigned |
| Florida document number <u>L0900044493</u> | . | | |
| This amendment is submitted to amend the following | g: | | |
| A. If amending name, enter the new name of the | limited liability company h | ere: | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Com | pany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | ı our records, <u>enter t</u> | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Florida street ada | lress |
| | | . 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|------------------|--|---|--|
| MANAGER | DAVID LAHMY | 520 Lincoln Rd Miami Beach, FL 33139 | Add Remove |
| M <u>anage</u> r | Marcela Murnet | | Add XX Remove |
| | | · · · · · · · · · · · · · · · · · · · | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ing any other information, enter chang | ge(s) here: (Attach additional sheets, if necessar | Add Remove |
| | | | |
| Dated | | er or authorized representative of a member tahn, Esq. dor printed name of signee | TALLAHASSEE, FLORIDA |
| | <i>y</i> | Page 2 of 2 | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 |

Filing Fee: \$25.00