## L09 0000 83206

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SEP - 8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Artistree Arts & Gifts, 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:		
Lynne C Martin Name of Person		
Name of Person		
Artistree Art & Gifts, LLC Firm/Company		
Firm/Company		
101 Spring Chase Circle		
Address		
Altamente Springs, FL 32714	21	
City/state and Zip Code	SEGRETARY	
E-mail address: (to be used for future annual report notification)		Salania.
For further information concerning this matter, please call:		
Lynne C Martin at (828) 302-1979  Name of Person Area Code & Daytime Telephone Number	2009 SEP -4 AM 10: 23	on and
	7	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \]  \$\text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \]  \$\text{Certified Copy (additional copy is enclosed)} \]  \$\text{Certified Copy (additional copy is enclosed)}} \]	of Status &	sed)

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**

Hrtistile Hrts & G ( <u>Name of the Limited Lia</u> (A Flo	o 1775, LLC bility Company orida Limited Liab	as it now appears on oility Company)	our records.)			
The Articles of Organization for this Limited Liabil Florida document number <u>L09 0000 83 206</u>		ere filed onAug	ust 28, 2009	and assigned		
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabilit	y company here:		•		
Artistree Art & 6 ifts, L The new name must be distinguishable and end with th	-LC					
The new name must be distinguishable and end with th "L.L.C."					- ior	
Enter new principal offices address, if applicable	e:	1600 Edge	water Drs.	28		
(Principal office address MUST BE A STREET A	DDRESS)	1600 Edge Orlando, Fl	_ 3280年間	228 SEP	-	
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BO)	_		PASSEE F OF NOA			
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our r	ecords, <u>enter the n</u>	ame of the n	e <b>v</b>	
Name of New Registered Agent:	Lynne	C Martin	<del></del>			
New Registered Office Address:				,	_	
w <del>T</del>	Enter Florida street address					
* Incorrectly entered online - update only.		724	, Florida		-	
New Registered Agent's Signature if changing Regis	City		Zi	Zip Code		
TEW REUSIEPPU AGENTY SIGNATURE IT CHANGING KANK	CIPPENT AMERIC					

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 Title Name Address **Type of Action** Martin, Lynne C (incorrectly entered online) MGRM □ Add Remove Altamonte Springs, FL Kegler, Elena MGRM ☐ Remove (incorrectly entered online) ☐ Add Remove Add 🗌 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>September 1</u> Signature of a member or authorized representative of a member Lynne C Martin Managing Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00