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EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo		
SUBJECT:	Artisans Group LLE	
SUBSECT,	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Ni Kolay Kute per Name of Person	SECRETARY OF STATION OF SECRETARY OF STATION OF CORPORATION
	Firm/Company	TO AN
	EYYS GARDENS Circle	STATIONS 111: 00
	SAMASCHA, FL. 24243	Ų.
	City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For further information cond	perning this matter, please call:	
Name of Pe	ut \	
Enclosed is a check for the f	ollowing amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

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

Artisqui (Co. 10 110	7 632 6
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.	s and assigned
(*************************************		· 0
The Articles of Organization for this Limited Liability Company	were filed on $09/08/200$	s and assigned
Florida document number 49000084754		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		·
The new name must be distinguishable and end with the words "Limit L.L.C."	ted Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		····
B. If amending the registered agent and/or registered of	fice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here	<u>፡</u> ፡	
Name of New Registered Agent:		
New Period of Control of Control	\	
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 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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Remove ☐ Add Remove ☐ Remove Remove ___Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2665 Signature of a member or authorized representative of a member Nikolan Kukpw. MGR7

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00