L Guagnus?

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | <u></u> |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | · #) |
| . PICK-UP | ☐ WAIT | MAIL |
| . (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | <u> </u> |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|---|---|---|
| | | | ARTECH 542 LLC | |
| SUBJ | ЕСТ: | Name of Lim | ited Liability Company | · |
| The er | nclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | ! | STEVEN F. PESSOA, ESQ. | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | СО | HEN PESSOA LAW GROUP, PLI | .c |
| | | | Firm/Company | |
| | | : | 2828 CORAL WAY, SUITE 525 | |
| | | | Address | |
| • | | | MIAMI, FL 33145 | |
| | | | City/State and Zip Code | |
| | | STEVEN@COHENPESSOALAW.COM E-mail address: (to be used for future annual report notification) | | |
| | | | · | ication) |
| For fu | rther information co | oncerning this matter, please ca | all: | |
| STEV | EN F. PESSOA, E | SQ. | 786 452-9890 at () | |
| | Name of | Person | Area Code Daytime | e Telephone Number |
| Enclo | sed is a check for th | e following amount: | | |
| ■ \$2 | 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:

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

| | ARTECI | H 542 LLC | | |
|--|---|---|-------------------------------------|--|
| (Name of the Limited | Liability Compa A Florida Limited | ny as it now appears on our rec Liability Company) | ords.) | _ |
| The Articles of Organization for this Limited Lia Florida document number <u>L09000091057</u> | bility Company | were filed on September 21 | , 2009 | and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabi | lity Company," the designation "I | LC" or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applical | ble: | 2828 CORAL WAY, SUIT | E 525 | |
| (Principal office address MUST BE A STREET | | MIAMI, FL 33145 | | |
| | | | | ····- |
| . Enter new mailing address, if applicable: | | 2828 CORAL WAY, SUIT | E 525 | |
| (Mailing address MAY BE A POST OFFICE B | <u>οχ</u> MIAMI, FL 33145 | | | |
| B. If amending the registered agent and/o | | | rds, enter the | name of the nev |
| registered agent and/or the new registered offi | ice address ner | <u>e</u> : | | |
| Name of New Registered Agent: | COHEN PESS | OA LAW GROUP, PLLC | | |
| New Registered Office Address: | 2828 CORAL | WAY, SUITE 525 | | |
| | | Enter Florida street add | | |
| | MIAMI | | Florida $\frac{33145}{Z}$ | |
| | | | Z | ip Code |
| New Registered Agent's Signature, if changing Re | gistered Agent: | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this can | r and complete ered agent as p egistered office | performance of my duties, provided for in Chapter 60 | and I am famil 5, F.S. Or, if th | liar with and is document is I liability |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|------------------------|----------------|
| MGRM | SERGIO COMOLATTI | 355 ALHAMBRA CIR | |
| | | STE 801 | Remove |
| | | CORAL GABLES, FL 33134 | Change |
| MGR | SERGIO COMOLATTI | 2828 CORAL WAY | ■ Add |
| | | SUITE 525 | ☐ Remove |
| | | MIAMI, FL 33145 | □ Change |
| | | | □ Add |
| • | | | ☐ Remove |
| • | | | ☐ Change |
| | | | Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change Change |
| | | | Remove |
| | | | RIUA Change |

| | The Company is a manager-managed Florida limited liability company. |
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| If an ei Note: | tive date, if other than the date of filing: |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dated | November 5, 2015. |
| | Signature of a member or authorized representative of a member Steven F. Pessoa Athorized Representative Typed or printed name of signee |
| | |
| | |

Filing Fee: \$25.00