

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXAMINER ART OF STRUCTURE, LLC

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O: Registration Se Division of Cor	ction porations		
TID TEP [©] T.	Art of S	tructure, LLC	
CUBJECT:		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Fred Rust	
		Name of Person	
		Art of Structure, LLC	
		Firm/Company	
	,	1621 SW 55th Lane	
	· · · · · · · · · · · · · · · · · · ·	Address	
		Ocala, Fl. 34471	
•	·	City/State and Zip Code	
•	floric	Jahardscapes@cox.net to be used for future annual report notification	tion)
For further information o	concerning this matter, please of		
	Fred Rust		75-8795
Name :	of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for t	the following amount:		
∑ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fox, Certificate of Status & Certified Copy (additional copy is enclosed)
****	INV ADDRESS.	ctuset//Aimis	d anndrés.

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

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

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ARTICLES OF AMENDMENT TO

(((H10000249008 3)))

ARTICLES OF ORGANIZATION OF

Art of Structure, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/02/2009 The Articles of Organization for this Limited Liability Company were filed on ____ L09000114791 Florida document number _ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 Rugistered Agent

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<u>114e</u>	Name	Address	Type of Action
MGRM	Lydia R Rust	1821 SW 55th Lane Ocals, FL 34471	Add Remove
MORM	Fred M Rust	1621 SW 55th Lane Ocala, FL 34471	Add T Rengve
MGR	Lydia R Rust	1621 SW 55th Lane Ocala El 34471	
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			Add Remove
			Add Remove
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