L100000 34691

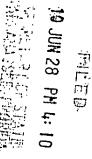
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200181841172

06/28/10--01012--005 **25.00



S. HAWKES
JUN 2 9 2010
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Michelange	elo Experience LLC	
		nited Liability Company	
	of Amendment and fee(s) are su	-	
Please return all corres	spondence concerning this matte	r to the following:	
		Ryan Deane Name of Person	
		Name of reison	
	Mich	elangelo Experience LLC	
	601 0	Cleveland Street Suite 600 Address	
		0 5. 00755	
		Clearwater, FL 33755 City/State and Zip Code	
	michelar	ngeloexperience@gmail.com to be used for future annual report notification)	
For further information	r-mail address: to concerning this matter, please of		
	Ryan Deane	at (727) 420-902	
Name	of Person	Area Code & Daytime Telephone	Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Michelangelo E	Experience LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.)		
(A Florida Lillined I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 3/29/2010 and assigned	O	
Florida document number L10000034691		(3)	
	The state of the s		
This amendment is submitted to amend the following:		2	
A. If amending name, enter the new name of the limited liab	oility company here:		
The Michelangelo	Experience LLC		
The new name must be distinguishable and end with the words "Limi	1	ation	
"LLC."			
Enter new principal offices address, if applicable:	601 Cleveland Street Suite 600		
(Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33755	_	
Trincipal office dualess brost BEASTREET ADDRESS	olear water, i E oor oo	—	
		—	
Enter new mailing address, if applicable:	601 Cleveland Street Suite 600		
(Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33755		
		_	
		_	
B. If amending the registered agent and/or registered of	ffice uddress on our records enter the name of the	MANU	
registered agent and/or the new registered office address her		HC W	
	<u>-</u> -		
N. CN. D. C. L.			
Name of New Registered Agent:		—	
New Registered Office Address:			
	Enter Florida street address	_	
	FI. 11		
	, Florida		
	•		
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Name</u> Address MGRM Galleria Hecht ✓ Add ☐ Remove 2700 Paseo Lomas del Bosque Lomas del Bosque Casa 39 Zapopan, Jalisco Mexico 45128 Add Remove 芝 Řemove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Allan Hendrickson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00