(Requestor's Name)		
(Address)	200183112152	
(Address)	200103112152	
(City/State/Zip/Phone #)	07/12/1001045008 **30.00	
(Business Entity Name)		
(Document Number)	TILED FILED SECRETARY OF STW ALLAHASSEE, FLOR	
Special Instructions to Filing Officer:	ORIDA	
. Office Use Only	C. LEWIS	

COVER LET ΈR Registration Section TO: **Division of Corporations** - C SUBJEC 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: Name of Person thou Firm/Company Address City/State and Zip Code ando 32832 Artistic ReflectionsMJ@ymail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>321)</u> <u>946 - 9947</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount: 7\$55.00 Filing Fee & \$60.00 Filing Fee, - \$25.00 Filing Fee _ 30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 **Clifton Building** Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

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01	?	2010 JUL 12 PM 3: 3
Artistic (Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our re	S LEGETARY OF STATE SOLAHASSEE, FLORID
The Articles of Organization for this Limited Liability Company		2010 and assigned
Florida document number $L1000057871$.		
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 "Limi" "L.L.C."	ted Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	Pane	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City	Florida 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

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Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> Address **Type of Action** MGR Bryan Campbell 10230 Lake District DPV Y Ant oclando, Florida Remove Add Remove 🗌 Add Remove D Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

5+10 cction S And - additional Sito Ω anar letter : DNI n DM 2018 JUL 12 PH 3: 31 LED 8 2010 July Dated Signature of a member or authorized representative 'a membe amobel) P 1100 Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00