

L10006 104162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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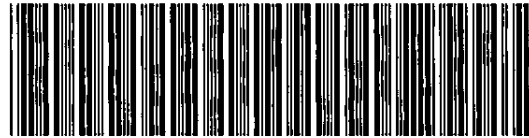
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 23 2014
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HERMES FINE ART LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Miguel A. Lopez Jr.

(Contact Person)

Hermes Fine Art LLC

(Firm/Company)

5600 SW 135th Ave. Suite 215

(Address)

Miami, FL. 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

Miguel A. Lopez Jr.

(Name of Contact Person)

at (305) 752-3500

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

HERMES FINE ART LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/05/2010

Florida document number L10000104162

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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:

5600 SW 135th AVE, Suite 215

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL. 33183

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5600 SW 135th AVE, Suite 215

Miami, FL. 33183

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:

3915 Coral Springs Drive

Enter Florida street address

Coral Springs

City

Florida 33065

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Luis Estrada	6015 SW 49th Street	<input type="checkbox"/> Add
		Miami, FL. 33183	<input checked="" type="checkbox"/> Remove
MGRM	Miguel A. Lopez Jr.	5600 SW 135th Ave, No. 215	<input checked="" type="checkbox"/> Add
		Miami, FL. 33183	<input type="checkbox"/> Remove
MGR	Geverny Holdings LTD.	5600 SW 135th Ave, Suite 215	<input type="checkbox"/> Add
		Miami, FL. 33183	<input checked="" type="checkbox"/> Remove
MGR	MLC International LLC	5600 SW 135th Ave, 215	<input checked="" type="checkbox"/> Add
		Miami, FL. 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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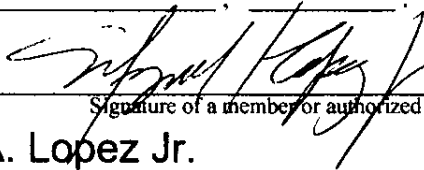
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 16th 2014



Signature of a member or authorized representative of a member

Miguel A. Lopez Jr.

Typed or printed name of signee

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Filing Fee: \$25.00

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