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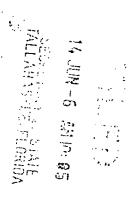
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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1016 Fleming Street

**Key West** 

FL, 33040

June 4<sup>th</sup> 2014

#### **Dear Sirs**

Please find attached an amendment for our Federal Tax ID number, which we noticed recently, had been filed incorrectly.

We apologize for this error and hope that this information will be changed as soon as possible.

If you have any questions, I can be contacted on my cell number 305 240 3331

Yours Faithfully

Joanna Kearney

Skeaney

# **COVER LETTER**

TO	: Registration S Division of Co						
SIII	BJECT: Artis	t House on Fle	ming LLC				
Name of Limited Liability Company							
The	enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.				
Plea	ise return all corresp	ondence concerning this matter	to the following:				
		Joanna Kea	rney				
			Name of Person	····			
Artist House on Fleming							
			Firm/Company				
1016 Fleming Street							
			Address				
		Key West, 3	3040				
			City/State and Zip Code				
		info@artisthouseo	infleming.com to be used for future annual report notifi	<del></del>			
For	further information	concerning this matter, please ca	•	(Carlon)			
Joanna Kearney 305 240 3331				331			
	Name	of Person	Area Code Daytime	Telephone Number			
Enc	losed is a check for	the following amount:					
▣	\$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

Artist House on Fleming 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 and assigned 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: . . · ( 127 Name of New Registered Agent: New Registered Office Address: Enter Florida street address (E)

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager

<u> </u>	<u>Name</u>	Address	Type of Act
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			□ Remove

D. It amending any other informatio	n, enter change(s) here: (Attach additi	ional sheets, if necessary.)			
Correcting Fede	forrecting Federal Tax ID # 274639904				
<del> </del>	<del> </del>				
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E. Effective date, if other than the da	te of filing: \(\) be prior to date of receipt or filed date and cannot	he more than 90 days after			
the date this document is filed by the Florid		be more than 50 days after			
Dated June 4th	2014				
Dated	·				
	) hearney				
Sig	mature of a member or authorized representativ	e of a member			
Joanna Kearr	iey				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

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