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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TO THE CORPORATIONS

MAR 2 6 2012 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: ART ECUPSE LLC 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:
CHRI871UA FREEDUAN Name of Person
Firm/Company '
1521 ALTON ROAD # 350
MIAUC BEACH, FL 33139
City/State and Zip Code CHCISTIMA CITATION E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 6 47-6370 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\ \text{\$\frac{1}{2}}\$25.00 Filing Fee \text{\$\frac{1}{2}}\$30.00 Filing Fee \text{\$\frac{1}{2}}\$
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Solon Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \$\ \ Certified Copy (additi

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

ART FCL	ISE, LLC		
(Name of the Limited Li (A F	iability Company as it now appears on our record lorida Limited Liability Company)	18.) 12 S	
The Articles of Organization for this Limited Liab		2 AAP assigned File	
Florida document number <u>L/2 000</u> C	017125	3 CORCE	
This amendment is submitted to amend the follow	ing:	AHII: I	
A. If amending name, enter the new name of the	ne limited liability company here:	ω 7	
KOKON MARTIA	LARTS, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the designa	tion "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	1481-11-11-11-11-11-11-11-11-11-11-11-11-1	
B. If amending the registered agent and/or registered agent and/or the new registered offic		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	, Flori	da	
•	City	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

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 = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Add Remove
			Add Remove
			Add
			Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	age(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY DIVISION OF CO
			Y OF STATE SORPORATIONS
Dated	The los	<u></u>	ω OK.
	Signature of a memb	er or authorized representative of a member THE FREE MAN door printed name of signee	

Page 2 of 2

Filing Fee: \$25.00