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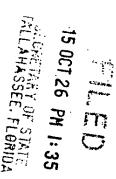
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Art Exchange LLC Name of Minited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Maleolm Brickling Name of Person
Art Exchange LLC Firm/Gompany
200 E. Palmetto Park Roud Suite 103
Boca Ratan FL 33435
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maleolm Bricklin at (9/7) 549-5388 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

Hrl Exchange, LLC
(Name of the Limited Liability Courpany as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on and assigned
lorida document number <u>L 120000487</u> .18
his amendment is submitted to amend the following:
The Bricklin Group, LLC
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: 200 East falmetto Fark Ro
Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33432
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
s. 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: NAME OF New Registered Agent:
New Registered Office Address:
Enter Florida street address Florida
City Zip Code
aw Dagistarad Agant's Signatura if changing Dagistarad Agant.

New Registered Agent's Signature, if changing Registered Agent:

NH

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

<u>or removed</u>	ling Authorized Person(s) authorized to manage, enter the title, name, and address of each person being			
MGR = M AMBR = A	lanager authorized Member			
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