# L120000 84561

| (D-                     |                   |              |
|-------------------------|-------------------|--------------|
| (Re                     | questor's Name)   |              |
|                         |                   |              |
| (Add                    | dress)            |              |
|                         |                   |              |
| (Add                    | dress)            | <del> </del> |
|                         |                   |              |
| (Cit                    | y/State/Zip/Phone | : #)         |
| <b>(</b> - · · ·        | ,                 | ,            |
| PICK-UP                 | ☐ WAIT            | MAIL         |
|                         |                   |              |
| (Bu                     | siness Entity Nam | ne)          |
|                         |                   |              |
| (Do                     | cument Number)    |              |
| (= -                    | ,                 |              |
| Continue Continu        | 0-4:5-4           |              |
| Certified Copies        | _ Certificates    | or Status    |
|                         |                   |              |
| Special Instructions to | Filing Officer:   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   | !            |
|                         |                   |              |
|                         |                   |              |
| <u> </u>                |                   |              |

Office Use Only



900247336119

900247336119 04/29/13--01044--031 \*\*25,00



## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |        |
|--|--|--------|
| SUBJECT:                                 | ARIOPHAR, LLC Name of Limited Liability Company  |        |
| The enclosed Articles of A               | Amendment and fee(s) are submitted for filing.   |        |
| Please return all correspon              | ndence concerning this matter to the following:  |        |
|  | MART SAGT WART   |        |
|  | ARTOP MART  Firm/Company   |        |
|  | 2250 NG 185 AUG 4305   |        |
|  | MiAuri, PC 33/77   |        |
|  | E-mail address: (to be used for future annual report notification)   |        |
| For further information co               | oncerning this matter, please call:  |        |
| Name of                                  | Person at (312) 560 -4213 Area Code & Daytime Telephone Number   |        |
| Enclosed is a check for the              | e following amount:  |        |
| □ \$25.00 Filing Fee                     | □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy (additional copy) | atus & |

### 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



April 30, 2013

MART JAETMA 3250 NE 1ST AVENUE #305 MIAMI, FL 33137

SUBJECT: ARTOFMART, LLC Ref. Number: L12000084567

We have received your document for ARTOFMART, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED PAGES 1, 2, AND 3 OF THE AMENDMENT. MISSING Page 2)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 513A00010390

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 MAY IA AN 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| ARTOPHART,   | LLC               | en e          |
|--|-------------------|---|
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited Li   |                   |   |
| The Articles of Organization for this Limited Liability Company Florida document number 41200084567                      | were filed on _   | 06/27/2012 and assigned                           |
| This amendment is submitted to amend the following:  |                   |   |
| A. If amending name, enter the new name of the limited liabi   |                   |   |
| Rosma OU LCC The new name must be distinguishable and end with the words "Limit  |                   |   |
| The new name must be distinguishable and end with the words "Limit "L.L.C."  | ted Liability Com | npany," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  | N/A               |   |
| (Principal office address MUST BE A STREET ADDRESS)  |                   |   |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                                  | - N/A-            |   |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |                   | n our records, enter the name of the new          |
| Name of New Registered Agent:  | N/A               |   |
| New Registered Office Address:   |                   |   |
|  | 4                 | Enter Florida street address                      |
|  | City              | , Florida<br>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 = Mar<br>MGRM = M | nager<br>Ianaging Member | , , , , , , , , , , , , , , , , , , ,    |                   |
|-----------------------|--------------------------|--|-------------------|
| <u>Title</u>          | <u>Name</u>              | Address                                  | Type of Action    |
| MGB4                  | HART SASTMA              | 32 TO NO 15T ALE #385                    | Add               |
|                       |                          | 22 TO NO 15T ALK #305<br>MIAN , CC 33/37 | Remove            |
|                       |                          |  |                   |
|                       |                          |  | Add               |
|                       |                          |  | Remove Add Remove |
| <del></del>           |                          |  | Add               |
|                       |                          |  | Add Remove        |

| D. If ar | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|----------|--|
| 1        | $\mathcal{V}/\mathcal{A}$  |
|          | ,  |
|          |  |
|          |  |
|          |  |
| Dated _  | 05/07/2013   |
|          |  |
|          | Signature of a member or authorized representative of a member                                 |
|          | WART SACTMA  |
|          | Typed or printed name of signee  |

Page 3 of 3

Filing Fee: \$25.00

