L12000103636

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		INSTEIN LLC		
SOBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		MINERVA SANTIAGO		
			Name of Person	
			Firm/Company	
		2114 N. FLAMINGO ROA	AD #105	
			Address	
		PEMBROKE PINES, FL 3	33028	
			City/State and Zip Code	
		SANTIAGO@PICASSOEI		
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please ca	all:	
MINER	VA SANTIAGO		954 399-6199	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e 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

PICASSOEINSTEIN 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 ______ and assigned Florida document number L12000103636 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PICASSO EINSTEIN, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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(If an et Note:	tive date, if other t ffective date is listed, the If the date inserted in ment's effective date	date must be specific in this block does no	and cannot be pro of meet the app	licable statutory fi	more than 90 days a		
	ecord specifies a c e 90th day after (not an effective	e time, at 12:0	1 a.m. on th	ie earlier of
Dated	i January 12		2018	<u> </u>			
		Signature 8	/ V /\ L f a member or au	thorized represental	ve of a member		

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Typed or printed name of signee

Filing Fee: \$25.00