L12000108655

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

MAMAN FINE ART, 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:

EDUARDO RUANO

Name of Person

SERBER & ASSOCIATES, P.A.

Firm/Company

2875 NE 191 STREET, SUITE 801

Address

AVENTURA FL 33180

City/State and Zip Code

ER@SERBERLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDUARDO RUANO

__305\9326262

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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



12 DEC -3 PH 12: 25

MAMAN FINE ART, 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 8/23/20	012 and assigned
Florida document number L12000108655		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our r ddress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
<u> </u>		, Florida
N. P. C. L. M. C M. L. D. C.	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel J. Serber	2875 NE 191 Street	Add
		Suite 801	Remove
		Aventura FI 33180	
			Add
			Remove
			Add
			Remove
			Add
			Remove
		Application of the same	
			ELL OF SIALE PH 12: 25
			Five In Flye In State of Remote State of Remote State of
			Remove

November 30	, <u>2012</u> .
	0
Siona	ture of a member or authorized representative of a member

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Filing Fee: \$25.00