# L1300008/400

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

## ONE PLACE FOR 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:

## **GUY CHASSIGNON**

Name of Person

Firm/Company

700 E DANIA BEACH BLVD STE 202

Address

**DANIA FL 33004** 

City/State and Zip Code

DGKIM26@ME.COM

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

For further information concerning this matter, please call:

## JEAN DAVID GANEM

...954、929-4475

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

#### ONE PLACE FOR 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 Florida document number <u>L1300081400</u>	Company were filed on <u>06/05/2013</u>	and assigned
This amendment is submitted to amend the following:		2014 APR
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	Limited Liability Company," the designation "LLC"	or the abbreviation "L. C."
Enter new principal offices address, if applicable:		gri <b>j</b>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered	ristered office address on our records.	
registered agent and/or the new registered office ad		DATE: VICE ABBILLY OF VICE INC.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del></del>	, Flori City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen	nt and agree to act in this capacity. I furth	her agree to comply with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

}

MGR = Manager

AMBR = Authorized Member **Title** Name <u>Address</u> Type of Action 700 E DANIA BEACH BLVD STE 202 PIERRE MEILLER MGR **DANIA FL 33004** Remove MGR YELLOWKORNER FLORIDA LLC 700 E DANIA BEACH BLVD STE 202 MGRM **GUY CHASSIGNON** 700 E DANIA BEACH BLVD STE 202 **DANIA FL 33004** ☐ Remove 700 E DANIA BEACH BLVD STE 202 MARIE CHASSIGNON MGRM **DANIA FL 33004** ☐ Remove □ Add ☐ Remove \_□ Add \_□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	<del></del>		
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)			
Dated MARCH 26TH 2014			
Signature of a member or authorized representative of a member	·	<u>.                                    </u>	
GUY CHASSIGNON Typed or printed name of signee		_	
	E.S.	2014	
	AHASS	2014 APR -	
	SEE. F	<b>-</b>	
	음물	<b>₽</b> ₽	<u>ן</u>

Page 3 of 3

Filing Fee: \$25.00