## L170000 81560

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
*

Office Use Only



000289982760

09/12/16--01029--033 \*\*25.00

FILEU
SECRELARIOF STATE
SECRELARIOF FLORIDA

## **COVER LETTER**

Division of Cor			
Chiaroscun	o Studio of Art, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Milixa Moron		
		Name of Person	
	Chiaroscuro Studio of Art.	LLC	
	d described to	Firm/Company	<del></del>
	5961 NW 102nd Ave		
		Address	TAR 6
	Doral, Fl. 33178		三
		City/State and Zip Code	12 12 15
	milixa_moron@hotmail.com	m to be used for future annual report notifi	reation) P P P
For further information c	oncerning this matter, please c	·	SEP 12 PM 12: 3:
Milixa Moron		305 786-2088607	2
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chiaroscuro Studio of 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 June 5, 2013 and assigned Florida document number \_\_\_\_\_L13000081560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 5961 NW 102nd Ave. Enter new mailing address, if applicable: Doral, Fl. 33178 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Raiza Benedetti Name of New Registered Agent: 5961 NE 102nd Ave New Registered Office Address: Enter Florida street address Florida 33178 Doral 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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Raiza Benedetti	5961 NW 102nd Ave, Doral , Fl. 37	<b>=</b> Add
			□ Remove
			☐ Change
MGR	Elkin Canas	8704 NW 109th Ct, Doral, Fl. 3317	
			■ Remove
			Change
<del>, , , , , , , , , , , , , , , , , , , </del>			□ Add
			Remove
		. <del></del>	Change
		<del></del>	— E COM T
			Remove T
			PH SOLITION OF THE SOLITION OF
		<del></del>	🗅 Remove
			□ Change
			Add
			Remove
			Change

					<del></del>		
_	,	· · · · · · · · · · · · · · · · · · ·					
							· <del>···········</del>
_							
_				· · · · · · · · · · · · · · · · · · ·			<u></u>
_							
							<u></u>
							SSS
				·· · · · · · · · · · · · · · · · · · ·		7	超岛
_				<del> </del>		<del></del>	<del>500 5</del>
_							14.02 P
							7237
			· ·				37.
_							
_							·
	e date, if other than the d	be specific and ok does not m	cannot be prior eet the applica	able statutory fili	more than 90 day ng requirement	(optional) s after filing.) Pur s, this date will	rsuant to 605.026 not be listed a
n effec te: If	tive date is listed, the date must if the date inserted in this blocate's effective date on the Dep	artment of Si					
n effect ote: If cumer	the date inserted in this bloc	effective da				01 a.m. on	the earlier (
n effection of the second of t	The date inserted in this bloom's effective date on the Deport's effective date on the Deport of the specifies a delayed with day after the reco	effective dans		t an effective		01 a.m. on	the earlier o
n effec ote: If cumer	If the date inserted in this blocht's effective date on the Deport specifies a delayed both day after the reco	effective dans de la file de la f	ate, but no	t an effective	time, at 12:	01 a.m. on	the earlier o

Page 3 of 3

Filing Fee: \$25.00