

L130000 94146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

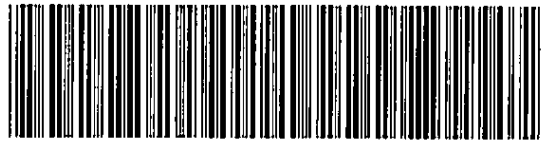
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000331996700

07/24/19--01009--008 \*\*25.00

FILED  
2019 JUL 24 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 30 2019  
C. KIRBY

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ONE THOUSAND MUSEUM 2002, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

INDYARA CATRAMBY ANDION PIQUET

\_\_\_\_\_  
Name of Person

PIQUET LAW FIRM PA

\_\_\_\_\_  
Firm/Company

1000 BRICKELL AVENUE, SUITE 201

\_\_\_\_\_  
Address

MIAMI, FL 33131

\_\_\_\_\_  
City/State and Zip Code

JANINI@PIQUETLAWFIRM.COM

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

For further information concerning this matter, please call:

INDYARA CATRAMBY ANDION PIQUET

786 558-8054  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 THOUSAND MUSEUM 2002, 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 JULY 1, 2013 and assigned  
Florida document number 113000094146.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

FILED  
2019 JUL 24 AM 10:15  
SIGNATURE FILE  
TALLAHASSEE, FL

**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*

Florida

*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>          | <u>Address</u>           | <u>Type of Action</u>                   |
|--------------|----------------------|--------------------------|-----------------------------------------|
| MGR          | ANA LUCIA SILVA DIAS | 1000 BRICKELL AVENUE     | <input checked="" type="checkbox"/> Add |
|              |                      | STE 201, MIAMI, FL 33131 | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
|              |                      |                          | <input type="checkbox"/> Add            |
|              |                      |                          | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
|              |                      |                          | <input type="checkbox"/> Add            |
|              |                      |                          | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
|              |                      |                          | <input type="checkbox"/> Add            |
|              |                      |                          | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
|              |                      |                          | <input type="checkbox"/> Add            |
|              |                      |                          | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |
|              |                      |                          | <input type="checkbox"/> Add            |
|              |                      |                          | <input type="checkbox"/> Remove         |
|              |                      |                          | <input type="checkbox"/> Change         |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JULY 16, 2019

2019

*Harpreet S. Chahal*

Signature of a member or authorized representative

Typed or printed name of signee