Florida Department of State 38

Whiting of Corporations

Historia Faint Cove Shee

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To:		. •	
	Division of Co		
	Fax Number	: (850)617-6383	
From:	Account Name	: BLACKLEDGER ENTITY MANAGEMENT LLC	
	Account Number	r : 120150000089	in the
	Phone	: (305)444-8800	21
	Fax Number	: (305)444-4010	60 6 (4) 10 (4) 50
*Entar	the email addre	ss for this business entity to be used for fut	tura
		ings. Enter only one email address please.**	<u>, </u>
" Ema	ail Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNITY IN ART GALLERY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Inity in Art Gallery LLC		
(Name of the Limited Li (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili Florida document number L14000013538	ity Company were filed on 01/24/2014	and assign	ed
This amendment is submitted to amend the following	g:		
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 "L.L.C	11
Enter new principal offices address, if applicable	•		
(Principal office address MUST BE A STREET A)	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or r registered agent and/or the new registered office		C	the new
		E. E.	· martinenses
Name of New Registered Agent:		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	To cate policy and page.
New Registered Office Address:			1 4 4
	Enter Florida street address , Florida	\$ 5 0	E TO SAME OF
-	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

Page 1 of 3

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

305

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Oscar Ramon Cotignola	2330 Ponce De Leon Blvd	
		Coral Gables, Florida 33134	Remove
•			□ Change
MGR	Juan Jose Preciado	2330 Ponce De Leon Blvd	
		Coral Gables, Florida 33134	☐ Remove
			☐ Change
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Signature of a monther or authorized representative of a member	

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