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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Dynasty Fine Arts L.L.C.  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:
Mace of Person
Firm/Company
7850 See 22 St.
miami Fl 33155.  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mame of Person at (186) 443-2534.  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{Certified Copy} \text{Copy (additional copy is enclosed)} \$\text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy} \text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy (additional copy is enclosed)} \$Certified Copy (addit

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

Dynasty Fine 1	Arts L.L.C	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number 14000649(		8 14 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TARECAET T
Enter new mailing address, if applicable:		ARRY SEE
(Mailing address MAY BE A POST OFFICE BOX)		Triconion of
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		כד
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Morcedes Perez	97 SW 80 Ave	Add
		miami F1. 33144	Remove
<u>AMB</u> R	<u>maurilia Jimanoz</u>	7850 Sw 22 St.	
		momi F1. 33155	Remove
<u>AMB</u> R	MevoedesPever	97500 80 Ave miami F1.33144	
nge	Macerilio Timenoz	7850 SU 22 St. Mi ami Fl 33155	
		ASSEE FLOR	FILED  Remove  Remove  Remove

The effective	date, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	- Defo.
•	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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