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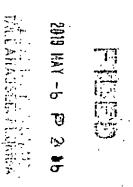
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COVER LETTER

Division of Cor	porations		
DANIEL N SUBJECT:	OGUEIRA ARTISIAN LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JEFFREY THOMAS		
	 	Name of Person	
	J T BUSINESS SOLUTION	IS INC	
		Firm/Company	
	225 SE 15TH TERRACE		
		Address	
	DEERFIELD BEACH, FL 3.	3441	
	JEFFTAX@BELLSOUTH.NI	City/State and Zip Code ET	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
JEFFREY THOMAS		954 648-3840 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

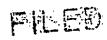
Registration Section

TO:

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**



DANIEL NOGUEIRA ARTISIAN LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our tend of the Limited Liability Company)

(7)	ida Eliiliko Ela	onny company	, , ,	est from A		
The Articles of Organization for this Limited Liability	Company w	ere filed on C)5/01/201 <mark>4</mark>	HE AHAUSE	ind assigne	d
Florida document number L14000070693	·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liabili	ty company	here:			
DANIEL NOGUEIRA LLC						
The new name must be distinguishable and contain the words "L	imited Liability	Company," the	: designation	"LLC" or the abl	areviation "L.L.C."	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or reg	·, ·	ce address (on our re	cords, <u>enter</u>	the name of t	he ne
registered agent and/or the new registered office ac	<u>adress here</u> :					
N CN D I A						
Name of New Registered Agent:						
New Registered Office Address:						
		Enter F	lorida street i	uddress		
				_, Florida	Zip Code	
		City			Zip Code	
New Registered Agent's Signature, if changing Registe	red Agent:					
I hereby accept the appointment as registered ager	-					
provisions of all statutes relative to the proper and						
accept the obligations of my position as registered	tagent as pr	ovided for in	i Chapter	003, F.S. Or.	ij this documer	uis

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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 **Type of Action** Name Address Title _ Add □ Remove _□ Change _□ Add _□ Remove ____ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove _□ Change _ Add □ Remove _____ Change _□ Add _□ Remove _□ Change

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Page 3 of 3

Filing Fee: \$25.00