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(Re	equestor's Name)	
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O. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Artist Group Wiani LLC 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:
Miguel A. Conzalez J.R. Name of Person
Firm/Company
16950 U Bay Rd #1917
Sunny Isles +1, 33160 City/State and Zip Code
E-mail address: (to be used for future around report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ \$55.00 Filing Fee & Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}}\$\$ \$Certificate of Status &\text{Certified Copy (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

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records.)		
(A Florida Limited L	liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 9-8-14	and ass	igned
Florida document number <u>LIY0014040</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "l	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our records, ente	er the name	of the nev
registered agent and/or the new registered office address here			
		2014	esta.
Name of New Registered Agent:		<u> </u>	Value 2
New Registered Office Address:		<u> </u>	·
	Enter Florida street address		Same
	, Florida	<u></u>	di arred
Nam Danistanad Amento Simotona if abouting Danistanad Amento	City .	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		•	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			
accept the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. C	r, if this doci	iment is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the	limited liabil	ity

If Changing Registered Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	Address	Type of Action
HGR	Highel A. GONZAlez S.R.	16950 D. Bay Rd #1917 Sunny Isles Fl, 33160	X Add
		Sunny Isla F1, 33160	□ Remove
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			Remove
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			□ Add
			□ Remove

Authorized Member being added or removed from our records:

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ective date, if other th	nan the date of filing:	(optional)
effective date must be spec	ific, cannot be prior to date of receipt or filed date a	(optional) nd cannot be more than 90 days after
effective date must be spec date this document is filed	the date of filing: ific, cannot be prior to date of receipt or filed date as by the Florida Department of State)	(optional) nd cannot be more than 90 days after
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Filing Fee: \$25.00

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