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	Artripaia LLO	.C <sup>•</sup> ,	7
SUBJECT:		Name of Limited Liability Company	-
The enclose	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please retur	n all correspond	ndence concerning this matter to the following:	
		Lillian Taylor Stajnbaher	
		Name of Person	
		International Law Partners	
	Fimi/Company		
	2122 Hollywood Boulevard		
	Address		
		Hollywood, FL 33020	
		City/State and Zip Code	
		WriteMe@LillianTaylor.com E-mail address: (to be used for future annual report notification)	
For further	information co	oncerning this matter, please call:	
	lor Stajnbaher		
- <u> </u>	Name of	at ()at	umber
Enclosed is	a check for the	e following amount:	
<b>≣ \$</b> 25,00	Filing Fee	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	lailing Address egistration S		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## **ARTICLES OF AMENDMENT** TO **ARTICLES OF ORGANIZATION** OF

## FILED

Zip Code

Artripaia LLC	2022 HAY IO PH 3: 33
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company) TALLAHASSEE, FL
The Articles of Organization for this Limited Liabilit Florida document number <u>L14000140161</u>	ty Company were filed on September 9, 2014 and assigned
This amendment is submitted to amend the following	g:
A. If amending name, <u>enter the new name of the</u>	limited liability company here:
A Same LLC	
The new name must be distinguishable and contain the words "	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	: <u>N.A.</u>
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX</u>	N.A.
B. If amending the registered agent and/or regist agent and/or the new registered office address here	lered office address on our records, <u>enter the name of the new register</u> ere:
Name of New Registered Agent:	N.A.
New Registered Office Address:	Enter Florida street address
_	Florida

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.

City

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>	Address	<u>Type of Action</u>
N.J.			🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.

April 29	2022
S Tel	Stain las
<u>L</u> CC/11	Signature of a member or authorized representative of a member

Lillian Taylor Stajnbaher