L14000158990 -

(Re	equestor's Name)	·
(Ad	Idress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
		
	Office Use Only	



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J. HARRIE

COVER LETTER

SUBJECT: REC	COGNITION ART LLC Name of Limited Liability Company	
	The continue	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspond	idence concerning this matter to the following:	
	SHELLEY GREENWALD Name of Person	
	RECOUNTIONART LLC	
	5045 RUBINSONG RD	
	Address	
	SARASOTA, FL 34233 City/State and Zip Code	
	City/State and Zip Code SHELLEY FLORIDA @ GRAIL E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
SHELLEY Name of F	CREENWALDat (941) 544-0045 Person Area Code Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations

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



October 17, 2017

SHELLEY GREENWALD 5045 ROBINSONG RD SARASOTA, FL 34233

SUBJECT: RECOGNITIONART, LLC

Ref. Number: L14000158990

We have received your document for RECOGNITIONART, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can list only one registered agent, not two.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00020913

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECOGNITION	ART LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L140015</u> .	nny were filed on 1015114	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
Patent and mailing address if applicable.		10 14
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MIA	
Maning duaress MAT BLATOST OFFICE BOX	— V 	FG
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
Name of New Registered Agent:	ELLEY GREENWA	ALD CONS
New Registered Office Address:	72-81280BEDRORER	TOO WELL DO
5045	Robinsong Rolling (Alota Lota Florida Florid	0 10 2
Sar	City . Florida	3425 <u>3</u> 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 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 <u>Title</u> <u>Name</u> **Address** MGR LARRY GREENWALD DECERSED ARemove __ Change SHELLEY GREENWILD 5045 ROSINSONS AND RAD SURVINE PL 34233 □ Remove _____ Change AMBA TUREY GREENWALD 5045 Rubirsong KADD Rd Savassia, FL Remove □ Add □ Remove ☐ Change CD Remove Cliange Æ□ Add ☐ Remove

□ Change

	Larry Greenwald passed away
	removing him as Mar +
	replacing up Shelley Greenuald
	MGR and Torry Greenwald AMBE
	TOR and lovey of consulty trivisi
. Effec	tive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
docui	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
b) Th	e 90th day after the record is filed.
Dated	10/12/17
	1/ 1
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00