

**L15000111436**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**2016 NOV 14 P 2:50**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**D. BRUCE  
NOV 15 2016**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Thou Art, 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:

Ian G. Bacheikov, Esq.

\_\_\_\_\_  
Name of Person

Law Office of Ian G. Bacheikov, P.A.

\_\_\_\_\_  
Firm/Company

945 Pennsylvania Avenue, 1st Floor

\_\_\_\_\_  
Address

Miami Beach, Florida 33139

\_\_\_\_\_  
City/State and Zip Code

ian@bacheikov.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ian G. Bacheikov, Esq.

305 249-8000

at ( )  
Area Code

Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the 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  
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

Thou Art, LLC

The Articles of Organization for this Limited Liability Company were filed on 07/01/2015 and assigned Florida document number L15000111436.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**50 Bay Colony Lane**

Fort Lauderdale, Florida 33308

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**50 Bay Colony Lane**

Fort Lauderdale, Florida 33308

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

**Name of New Registered Agent:****Rosalind Perlmutter**

**New Registered Office Address:**

50 Bay Colony Lane

Enter Florida street address

## Fort Lauderdale


## Florida

City

**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.*

office address, I hereby confirm that the limited liability



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>	<u>Address</u>	<u>Type of Action</u>
MGR	Rosalind Perlmutter	50 Bay Colony Lane	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33156	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ian G. Bacheikov	945 Pennsylvania Avenue	<input type="checkbox"/> Add
		1st Floor	<input checked="" type="checkbox"/> Remove
		Miami Beach, Florida 33139	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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2016 NOV 14 P 2 50  
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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

**Dated**

October 27, 2016.

Rosalee Cortman  
Signature of a member or authorized representative of a m

Signature of a member or authorized representative of a member

## Rosalind Perlmutter

Typed or printed name of signee