

L15000134319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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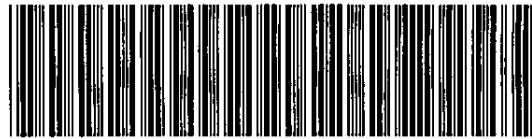
(Business Entity Name)

(Document Number)

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09/06/16--01011--002 **25.00

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2016 SEP -6 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP - 9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ART SHAK 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:

Robin Couch Donovan
Name of Person

ART SHAK
Firm/Company

3414 W. Mallory Blvd.
Address

Jupiter, FL 33458
City/State and Zip Code

Robin@artshakstudio.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Couch Donovan at (770) 312 7924
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ART SHAK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 SEP -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/06/2015 and assigned
Florida document number L15000134319

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

3414 W. Mallory Blvd.
Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3414 W. Mallory Blvd.
Jupiter, FL 33458

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP MR.	Dan Donovan	12935 South Shore Dr.	<input type="checkbox"/> Add
		Palm Beach Gardens,	<input checked="" type="checkbox"/> Remove
		Fl. 33410	<input type="checkbox"/> Change
AP	Donovan Partners	Donovan Partners	<input type="checkbox"/> Add
		12935 South Shore Dr.	<input checked="" type="checkbox"/> Remove
		Palm Beach Gardens,	<input type="checkbox"/> Change
		Fl. 33410	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 SEP - 06 PM 1:15
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

2016 SEP - 9
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 SEP -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7700

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.

Dated 8-31-16, 2016

Robin Donagan
Signature of a member or authorized representative of a member

Robin Donovan
Typed or printed name of signee