L15000119834

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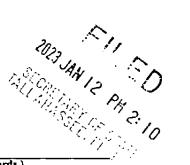
INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LilyVine Art LLC

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

Name of New Registered Agent: New Registered Office Address:	Jeff Novatt, Esc 1415 Panther L Naples	ane, Suite 432 Enter Florida street a	ddress , Florida ³⁴¹⁰⁹	
		ane, Suite 432	eldress	
Name of New Registered Agent:	Jeff Novatt, Es	q		
	Jeff Novatt, Esq.			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address her	ffice address on our rec e:	cords, enter the name of the ne	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Oviedo, FL 32765		
		3617 Foxcroft Circle		
(Principal office address MUST BE A STREET ADDRESS)		Oviedo, FL 32765	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:		3617 Foxcroft Circle		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Mel Kistner LLC		_		
A. If amending name, enter the new name of	the limited liab	pility company here:		
This amendment is submitted to amend the follo	owing:			
Florida document number L15000179834	·			
E1: L15000179834				

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>	Type of Action
MGR	Melissa K. Kistner	3617 Foxeroft Circle	
		Oviedo, FL 32765	☐ Remove
			Change
MGR	Henry Fumo	792 Brentwood Point	
		Naples, FL 34110	■ Remove
		-	Change
			Add
			□ Remove
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ffective date, if other than the data an effective date is listed, the date must be	e specific and cannot be price	or to date of filing or more	(optional) than 90 days after filing.) Purs	uant to 605.0207
iote: If the date inserted in this block ocument's effective date on the Department.	c does not meet the appli artment of State's record	cable statutory filing re	equirements, this date will i	not be listed as
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