45000189573

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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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COVER LETTER

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SUBJE	CT.	LA FINE	ARTS CENTER #2, LLC	
GODAL	C1		Name of Li	mited Liability Company
The enci	losed 2	Articles of a	Amendment and fee(s) are su	abmitted for filing.
Please re	eturn a	li correspor	ndence concerning this matte	er to the following:
			JACQUELINE R. BOWI	DEN GOLD
				Name of Person
			RARICK & BESKIN, PA	.
				Firm/Company
			6500 COW PEN ROAD,	SUITE 204
				Address
			MIAMI LAKES, FL 3301	4
				City/State and Zip Code
			JBOWDEN@RARICKLA	
F 6 4				(to be used for future annual report notification)
			ncerning this matter, please o	all:
LESLIE F	PICAL	LO		305 223-0989 at ()
		Name of I	Person	Area Code Daytime Telephone Number
Enclosed i	is a ch	eck for the	following amount:	
₩\$25.00	0 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
R D P.	legist Divisio .O. B	Address: ration Secon of Cor ox 6327 assee, FL	porations	Street Address: 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

2022 HAY 17 AM 9: 15

PLA FINE ARTS CENTER #2, LLC

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

The Articles of Organization for this Limited Liability Florida document number L15000189573	y Company were filed on 11/09/2015	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	ND ECC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
	, Fl	orida
	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>	Name	Address	Type of Action
MGR	VIVIAN JIMENEZ	367 W 29TH ST.	
		HIALEAH, FL 33012	
			Change
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
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ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	te of filing:
record specifies a delayed effective da	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
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