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SECRETARY OF STATE A

JUL 1 9 ZO16 S. YOUNG

COVER LETTER

TO: Registration Division of C	i Section Corporationย			
ART 3D SUBJECT:	MUSEUM, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	RAFAEL DE ARAUJO, I	ESQ.		
		Name of Person		
	LAW OFFICE OF RAFA	EL DE ARAUJO PA	m d	
		Firm/Company		
	1221 BRICKELL AVENUE, STE 900			
		Address	 5 %	
	MIAMI, FL 33131		TE JUL 18 PH 2: 52	
	-	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	RAFAEL@DEARAUJOL			
	E-mail address:	(to be used for future annual report notifi	cation)	
For further informatio	n concerning this matter, please of	all:		
RAFAEL DE ARAU.	JO	305 542-6899		
Nam	ne of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	or 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)	
•	ILING ADDRESS:	STREET/COURIE	ER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART 3D MUSEUM, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2016	and assigned
Florida document number L16000047175		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	-	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	2881 EAST OAKLAND PARK BLVD	TSE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 213	5 L
	FORT LAUDERDALE, FL 33306	F 5557
Enter new mailing address, if applicable:	2881 EAST OAKLAND PARK BLVD	S PH
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 213	3 8
	FORT LAUDERDALE, FL 33306	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	ne name of the new
	Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If an effective date: Note: If the date	if other than the da is listed, the date must be inserted in this block tive date on the Depa	specific and cannot does not meet the	be prior to date o applicable stat	f filing or more than 9		
he record spe The 90th da	cifies a delayed el y after the record	fective date, lis filed.	out not an ef	fective time, at	12:01 a.m. or	the earlier of
Dated JULY 12	- Julya	, 2010 1 M	· · · · · · · · · · · · · · · · · · ·			
	Sta	nature of a fhember	or authorized rep	resentative of a mem	iber	

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Filing Fee: \$25.00