## LIL 6006 77254

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	me)
(De	ocument Number)	
Certified Copies	Certificates of Status	
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MAY 03 2016 J SHIVERS

## **COVER LETTER**

Division of Corporat	ions	ν,	· ,
SUBJECT: BA	ARTPROP L Name of Limited	LC change of Liability Company	ARTIPIOPS LLC
The enclosed Articles of Amen	dment and fee(s) are submi	tted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	JAMES &	Name of Person  LLC Firm/Company	<b>€</b> У
_	3890 Poix	xiana Ar. Address	
_	MIAMI	City/State and Zip Code	
* , ,	E-mail address: (to b	be used for future a mual report notific	(Nion)
For further information concern  Tage & State  Tage & Stat	ning this matter, please call:	at (305) 490	-98 O6
Name of Perso	in		Telephone Number
Enclosed is a check for the following	owing amount:		
\$25.00 Filing Fee [1]	\$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:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 \* (Physikality)
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building

STREET/COURIER ADDRESS:

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)		-
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	٥	and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company h	ere:		
BARTPROPS LLC				
The new name must be distinguishable and contain the words "Li	mited Liability Company," the c	lesignation "LLC" or	the abbreviation	L.L.C.
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	ORESS)			
	APR 2	<del></del>		
				€ (3.4%) ->
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>		7/1	f == 0 .
			2 2 2 E	
B. If amending the registered agent and/or reg	istered office address or	ı our records, <u>e</u>	>⊬ nter the nam	e of the new
registered agent and/or the new registered office ad		, <b>-</b>		
Nome of New Decistored Agents				
Name of New Registered Agent:			. 47,-	
New Registered Office Address:	Enton Elo	rida street address		
	Enter Pio	ruu sireei uuuress		
	City	, Florid	laZip Cod	<del></del>
New Registered Agent's Signature, if changing Register	•			

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
		/	
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Effective date, if other than the date of filing:		otional) fter filing.) Pu	rsuant t	o 605.0207
Note: If the date inserted in this block does not meet the applicab				
document's effective date on the Department of State's records.				
ne record specifies a delayed effective date, but not	an effective time at 12:01	tam on	the e	arlier of
The 90th day after the record is filed.	an enective time, at 12.01	. 4.111. 011	tile c	arrier or
1				
//OD >: 'ICA	_•			
Dated April 25, 2016				
Dated April 25 , 2016 Skvin Bark	4			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00