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o simmons FEB 2 0 2017

COVER LETTER

TO: Registration Section Division of Corporation		·	
SUBJECT:	AR GALLERY Name of Limit	DEALER LLC ted Liability Company	•
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	GARY	Offo	
		Name of Person	
		Firm/Company	
	6100 He	Address OD, FL 33024 City/State and Zip Code	#505
	, ,	Address	· · · · · · · · ·
	Hollywi	104 FL 33024	<u>. </u>
	Ca pucas al	City/State and Zip Code	•
_	E-mail address: (to	Choice OgmAil, Como	ication)
For further information conce	erning this matter, please ca	11;	
GARY OT	++0	at (954) 257- Area Code Daytime	7958
Name of Per	rson	Area Code Daytime	Telephone Number
Enclosed is a check for the for	ollowing 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)

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

TO ARTICLES OF ORGANIZATION OF

CAR GALLER	RY DEA	LER UC		18/1 	
(<u>Name of the Limited I</u> (A	Jability Compan Florida Limited Li	y as it now appears on our ability Company)	records.)	* T	
The Articles of Organization for this Limited Liabi	lity Company v	,	8/16	and assigned	di TTI
This amendment is submitted to amend the followi	ng:			· · · · · · · · · · · · · · · · · · ·	
A. If amending name, enter the new name of the AR $Iwvestmath{\mathcal{V}ESTM}$	ents	LLC		14. **	
The new name must be distinguishable and contain the word	s "Limited Liabilit			4 .	
Enter new principal offices address, if applicabl	e:	6100 Hou	Lywool) BLUD	#305
(Principal office address MUST BE A STREET A	(DDRESS)	Hollywo	OD, FL =	33024	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	6100 Hollywo	Lywood ob, FL	BLVD # 33024	 <u>L505</u>
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter</u>	the name of t	<u>he new</u>
Name of New Registered Agent:					
New Registered Office Address:	610	O HOLLY W Enter Florida stree	1001 BA	UD #5	<u> </u>
-	Holl	Enter Florida stree YWODD City	, Florida	33024 Zip Code	<u>'</u>

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

or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			
			Add
		<u> </u>	☐ Remove
			☐ Change
			Change 7 Find Add
			Remove: 1
			□ Clydinge
			Add
			□ Remove
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		Add	
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

	
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	<u>ੂੰ</u>
	
Effective date, if other than the date of filing:	ant to 605.0207 (3 of be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the The 90th day after the record is filed.	e earlier of:
Dated	
Signature of a member or authorized representative of a member	
YARIN HABAD	

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Filing Fee: \$25.00