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COVER LETTER

AMERICA	AN ART FOUNDATION LLC		
3000ECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	
	VD&T INTERNATIONA	L	
		Firm/Company	
	150 SE 2ND AVE SUITE	505	
	· ·	Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	management@vdtinternatio		
	E-mail address: ()	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca	nll:	
JOAO PEDRO VOLZ		305 8781516	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN ART FOUNDATION 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 Com	pany were filed on 05/05/2016	and assigned
Florida document number L16000088859		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter non-mailing address if applicable		
•••		
(Mauang address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street adde	67 %;
	iling address, if applicable: ss MAY BE A POST OFFICE BOX) ing the registered agent and/or registered office address on our records, enter the name of the new int and/or the new registered office address here: of New Registered Agent: Registered Office Address: Enter Florida street address Florida City Tig Code	
New Registered Agent's Signature, if changing Registered Agent	•	10. 15 S
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	- l agree to act in this capacity. I f plete performance of my duties, a t as provided for in Chapter 605	and I am familiar with and . F.S. Or, if this document is

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
T	TAMBASCO, RICARDO C	201 S. BISCAYNE BLVD.,	
		STE. 105, MIAMI, FL 33131	☐ Remove
			☐ Change
			🗅 Add
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			☐ Change
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Effective data if other than the	data of filings			(on	tional)		
Effective date, if other than the If an effective date is listed, the date must	be specific and canr	not be prior to o	late of filing or mo	e than 90 days aff	er filing.) Purst	iant to 605	5.020
Note: If the date inserted in this blo document's effective date on the De			e statutory filing	requirements, the	nis date will n	ot be liste	ed as
	•						
ne record specifies a delayed The 90th day after the reco		, but not a	n effective tir	ne, at 12:01	a.m. on th	ne earlie	er o
JULY 11TH Dated	20	017					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00