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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
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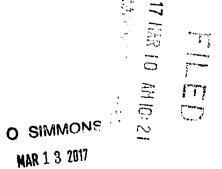


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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: (19	w name) Olga Name of Limi	Noclarse has ited Liability Company	Time Arrs Appraise
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	O	Iga Chao Name of Person	
	Olga Noda	Name of Person 150 Chas Tine 1 Firm/Company	Ar 75 Appraisals
	6704 (Prescent pake	n Dr
	Lakela	nd FL 3381.	3
		City/State and Zip Code	
	E-mail address: (i	isabelne @ to be used for future annual report notif	cation)
For further information	concerning this matter, please ca	all:	
Olga Co Name	Oyao of Person		2-5855 Telephone Number
Enclosed is a check for	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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONC & Associate	3/ The ArT Trojec	7 LLC
/ (Name of the Limited Lia (A Flo	bility Company as it now appears on our prida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on	ne 9, 20/Land assigned
This amendment is submitted to amend the following	ţ;	
A. If amending name, enter the new name of the Olga Nodarse Ch. The new name must be distinguishable and contain the words "	imited liability company here: 100 Fine Arrs Limited Liability Company," the designated	poraisals LL @ on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, <u>enter the name of the ne</u> v
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida stree	et address
 -	City	, Florida Zip Code
	Cny	sip conc

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.

address, regagent la aud all other info remains the same.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
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			☐ Change
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			☐ Change

		
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Ne at 11 a ter all		
Tective date, if oth an effective date is liste	er than the date of filing: I, the date must be specific and cannot be prior to date of filing of	(optional)
ote: If the date inser	ted in this block does not meet the applicable statutory fi	ling requirements, this date will not be listed a
cument s effective of	ate on the Department of State's records.	
rocord specifies	a deleved effective data but as as effective	a kina a lata 10.00 a mala a la l
	a delayed effective date, but not an effective er the record is filed.	e time, at 12:01 a.m. on the earlier (
ated Mar	Ch. 8 3017 Clega D. Chao Signature of a member or authorized representat	
	(a 22 (X)	
	1 1/0 - 1 1 1 1 1 1 1 1 2 2 3	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00