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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Kendall Art	t Center, LLC.		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Leonardo Rodriguez		
		Name of Person	
		Firm/Company	
	6821 SW 147th AVE APT.		
		Address	
	Miami, FL 33193		
		City/State and Zip Code	
	leoelectric@yahoo.com		
		be used for future annual report notific	cation)
For further information co	oncerning this matter, please cal	ll:	
Leonardo Rodriguez		786 252-1284 at ( )	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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



Kendall Art Center, LLC.

company has been notified in writing of this change.

(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 Company	were filed on <u>07/01/2016</u>	and assigned		
Florida document number L16000126195				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Kendall Art Projects, LLC.				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	12061 SW 131 AVE			
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33186			
Enter new mailing address, if applicable:	12061 SW 131 AVE			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33186			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, FloridaZip Code			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I	am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

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Filing Fee: \$25.00