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SECRETARY OF STATE ALLAHASSEE, FLORID

S. WARREN MAR 0 8 2018

COVER LETTER

TO: Registration : Division of Co			
SUBJECT:	Antiques and	Art Auction C	gallery
	Name of Lin	nited Liability Company	,
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Piease return all corresp	oondence concerning this matter	to the following:	
	Pea	tro Bodden	
		Name of Person	
		Firm/Company	
	14629 SW	104th st. UN	T \$ 197
		Address	
	Miami, I	City/State and Zip Code age	
	/. ,	City/State and Zip Code	
	E-mail address:	to be used for further annual report notific	ention)
For further information	concerning this matter, please concerning this matter this matter than the please concerning this matter than the please concerning this matter than the please concerning t		,
			- 2428
	of Person	at (786) 370 Area Code Daytime	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

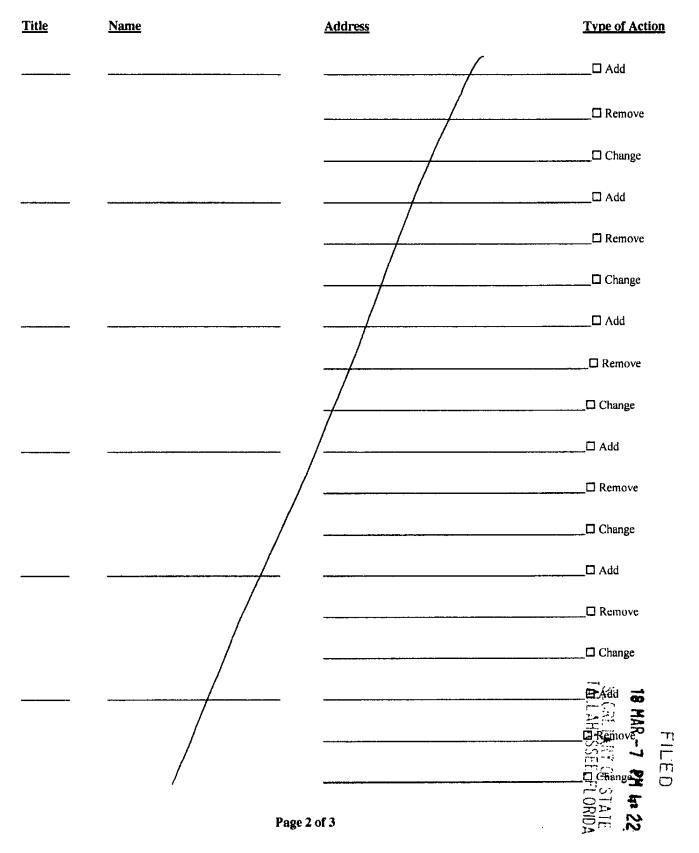
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUCTION

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company) 08-31-20/6 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number L 16 000 163 234 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HNTIQUES The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Registered Agents Inc. Name of New Registered Agent: 3030 N Rocky Point Dr. STE 150A New Registered Office Address: Enter Florida street address 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 Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member



. If amending any other information, enter change(s) here: (Attach additional sheets, if n	necessary.)
	/
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) ther filing.) Pursuant to 605.0207 (3)(b this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the earlier of:
Dated 2 28 , 2018	1
Signature of a member or authorized representative of a member	PO 1
PEDRO BODDEH	MAR ECRLII
Typed or printed name of signee	FI FI
Page 3 of 3	FILED 7-7 33 ART OF S ASSEE, FL
Filing Fee: \$25.00	PH LA 22 OF STATE E. FLORIDA