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COVER LETTER

TO: Registration Section Division of Corporations		4
SUBJECT: HOUSE OF	ART'S GALLEL Name of Limited Liability Company	y UC
The enclosed Articles of Amendment ar	d fee(s) are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
	NICHOLAS APOS Name of Person	To L_
	Name of Person	
<u>Va</u>	LLARINO FRY LAC Firm/Company	J PA
57	755 SW RANCH	ito st
	Address	
PAL	M CITY FL City/State and Zip Co	3 499 0
	E-mail address: (to be used for future ann	ust report patification)
For further information concerning this		and report itemounts.
Name of Person	at (772) Area Code	28 5-3 6 7 6 Daytime Telephone Number
Enclosed is a check for the following ar	nount:	
□ \$25.00 Filing Fee □ \$30.00 F Certific	iling Fee & S55.00 Filing Fe atte of Status Certified Copy (additional copy is	Certificate of Status &

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

U	r s
HOUSE OF ALT'S CONTINUED IN A Florida Limited Liability Company The Articles of Organization for this Limited Liability Company Florida document number 16000 194856	ny as it now appears on our records.) Liability Company) were filed on $10/24/20/2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 N. COASTAL WAY
(Principal office address MUST BE A STREET ADDRESS)	JUPITER, FL 33477
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 N. COASTAL WAY JUPITER, FL 33477
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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

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

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
SECRET	ANY NICHOUS APOSTO	L 5755 SW RANCHITO.	SA DY Add
MEMBE		PALM CITY, FL 3499	o □ Remove
			Change
		· ·	Add
			□ Remove
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