L17000005657

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
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Codified Contract Code
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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o T	ART DIGIT			
SU	ВЈЕСТ:		ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		ROSTISLAV ISAKOV		
			Name of Person	
		ART DIGITAL LLC		
			Firm/Company	y
		1000 WEST AVENUE, A	PT 920	
			Address	
		MIAMI BEACH, FL 3313	9	
			City/State and Zip Code	
		ROSTISLAV.ISAKOV@G		
		E-mail address: (1	to be used for future annual report notific	cation)
Fo	r further information c	oncerning this matter, please ca	all:	
RO	OSTISLAV ISAKOV		305 333-1171 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
En	closed 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

ART DIGITAL LLC				
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number L17000005657	ompany were filed on 01/06/2017 	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	, part 1		
Enter new principal offices address, if applicable:		3 A T		
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		er 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
CEO	ROSTISLAV ISAKOV	1000 WEST AVENUE, APT 920	= Add
		MIAMI BEACH, FL 33139	☐ Remove
			☐ Change
AMBR	ORAZ KARABAYEV	1000 WEST AVENUE, APT 920	_ ■ Add
		MIAMI BEACH, FL 33139	□ Remove
			Change
			
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fan effective date is Note: If the date i	other than the d listed, the date must be inserted in this block we date on the Dep	e specific and k does not n	cannot be pri	or to date of fi	ling or more the	(option 90 days after irements, this	filing.) Pursu	ant to 605.02 ot be listed	07 (as tl
e record speci The 90th day	fies a delayed of after the recor	effective d d is filed.	ate, but r	ot an effe	ctive time,	at 12:01 a	.m. on th	ie earlier	of:
, FEBRUAR	Y 3	,	2017						
Dated									
Dated	Seglos	>							
Dated		-	nember or aut	horized repre	sentative of a m	ember			

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Filing Fee: \$25.00