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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | rsiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|--|
| SUBJ | ECT: | | rtisan Exchange ited Liability Company | <u>. </u> |
| The e | nclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Trac | Y Waters Name of Person | |
| | | The Av | tisan Exchange Firm/Company | |
| | | 324 N. | Monroe Street Address | |
| | | Tallaha | Sce CL City/State and Zip Code | |
| | | + wa terse | homes of the annual report notification | cation) |
| For fu | rther information co | ncerning this matter, please ca | ılı: | |
| <u> </u> | Name of | laters Person | at (850) 322- Area Code Daytime | Telephone Number |
| Enclo | sed is a check for th | e following amount: | | |
| □ \$ 2 | 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

| Four Sisters Artisa, (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our recording Company) | rds.) |
|--|---|---------------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 1700009248</u> . | y were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| The Artisan Exchan The new name must be distinguishable and contain the words "Limited Liab | ar LLC | C" or the abbreviation "L.I.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 324 N. Ma | nroe St. 7 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | (Same) | 3 AM 9: 21 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addr | ess |
| | ī | ·lorida |
| | 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:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|---------------|--------------|-------------------------|--|
| (Ambre) AP | Karen Jones | 324 N. Monroe Street | Add |
| | | Tallabassee, FL 32301 | Remove |
| (AMBR) | | | Change |
| AP | Donna Austey | 324 N. Monroe Street | □ Add |
| | | Tallahassee, FL 32303 | Remove |
| | | | Change |
| MGR/ | Tracy Waters | 324 N Manroe Street | Add |
| HINDK | | Tallahasser, FL 32303 | □ Remove |
| | | (Change from Ap to Mgv) | Change |
| Ambr | Susan Ausley | 324 N. Monroe Street | Add |
| | | Tallahasser, FL 32305 | 3_□ Remove |
| | | (from AP to AMBR) | Change |
| | | | 🗆 Add |
| | | | □ Remove |
| | | | □ Change |
| | | | |
| | | - | 9; 2 S S S S S S S S S |
| | | | ™. □ Change |

| f amending any other information, enter change(s) here: (Attach additional sheets, | y necessary. |
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| ffective date, if other than the date of filing: \(\frac{\frac{10}{2017}}{an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 date: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records. | (optional) ys after filing.) Pursuant to 605.0207 (ats, this date will not be listed as the |
| e record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed. | :01 a.m. on the earlier of: |
| nated March 8 , 2017. | 17 |
| | |
| A | MAR |
| Macy & Horters | 新 情 13 |
| Signature of a member or authorized representative of a member | 88 13 13 AM |

Page 3 of 3

Filing Fee: \$25.00