(Re	equestor's Name)	
(Ac	ldress)	•
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
		

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C. GOLDEN JUL 12 2019

COVER LETTER

SUBJECT:CLO	Name of Lim	‡ Collectiblesited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ndence concerning this matter	to the following:	
	Max	Ruback Name of Person	
	Cloud 10	Art + Collectib	les
	328 SE	7 Avenue Address	
	Deerfiel	d Beach, FL 3 City/State and Zip Code	3441
	Cloud 10 ac-	ts @ gmail. Com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Max Rul Name of	Oack Person	at (<u>561</u>) <u>659</u> Area Code Daytime	- 4432 Telephone Number
Enclosed is a check for th	e 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

TO:

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**

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	22 🖳

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CL	OUD 10 ART & COLLECTIBLES, LLC	2019 JUL - 1 PM 6:5
(Name of the Limit)	ed Liability Company as it now appears on our records (A Florida Limited Liability Company)	<u></u> , , , , , , , ,
The Articles of Organization for this Limited Li Florida document numberL170000_19		17 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ible:	
(Principal office address MUST BE A STREE	T.ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/orthe new registered of		, enter the name of the new
Name of New Registered Agent:	Max Ruback	
New Registered Office Address:	328 SE 7 AVE Enter Florida street address	
	Deeffeld Beach Flo	rida <u>33441</u> 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Senature 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HSA DODERO	605 DE 25 AVE	🗆 Add
		Pompano Brach, FL 33	062 Remove
			☐ Change
			Remove
			Change
		-	Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			D Add
			Remove
			Change

(If an e <u>Note:</u>	(optional) flective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Datec	June 27. 2019.
	Signature of a member or authorized representative of a member
	LISA DODERO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00