

L17 0000 434 86

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

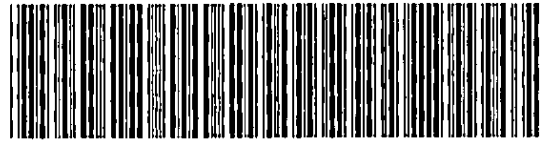
(Business Entity Name)

(Document Number)

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10/02/20--01022--021 **52.50

R. WHITE
NOV 25 2020

10/02/20 10:02:22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Art LLC

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jose Guimaraes

Contact Person

Real Art LLC

Firm/Company

5548 Westbrook Dr

Address

Orlando, FL, 32821

City, State and Zip Code

fernandoguimaraes_9@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fernanda Guimaraes Jahid

at (407)

624-1497

Name of Contact Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



2020/11/09 PM 3:01

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2020

JOSE GUIMARAES
5548 WESTBROOK DR
ORLANDO, FL 32821

SUBJECT: REAL ART, LLC
Ref. Number: L17000043486

We have received your document for REAL ART, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 120A00022445

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: REAL ART LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROSI L ALVES

Name of Person

TRUSRT SOLUTION TAX & BOOKKEEPING LLC

Firm/Company

7350 FUTURES DRIVE SUITE 9

Address

ORLANDO - FL - 32819

City/State and Zip Code

ROSI@TRUSTSOLUTIONTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSI L ALVES

407

705-9147

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REAL ART LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/27/2017 and assigned
Florida document number L17000043486.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

5548 WESTBROOK DR

ORLANDO - FL

32821

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5548 WESTBROOK DR

ORLANDO - FL

32821

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:

Name of New Registered Agent:

New Registered Office Address:

5548 WESTBROOK DR

Enter Florida street address

ORLANDO

City

. Florida 32821

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

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

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSE GUIMARAES	5548 WESTBROOK DR	<input type="checkbox"/> Add
		ORLANDO - FL	<input type="checkbox"/> Remove
		32821	<input checked="" type="checkbox"/> Change
AMBR	FERNANDA GUIMARES JAHID	3278 VILLA STRADA WAY	<input type="checkbox"/> Add
		ORLANDO - FL	<input checked="" type="checkbox"/> Remove
		32835	<input type="checkbox"/> Change
AMBR	MARIA EDNA S GUIMARAES	5548 WESTBROOK DR	<input checked="" type="checkbox"/> Add
		ORLANDO - FL	<input type="checkbox"/> Remove
		32821	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

Filing Fee: \$25.00