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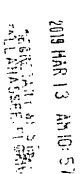
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations		الله الله الله الله الله الله الله الله
Florida Art	& Historical Society, LLC		
SUBJECT:	Name of Limi	ted Liability Company	7
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Harvey W. Server		
	Florida Art & Historical Sc	Name of Person ociety	
	724 Faton Street	Firm/Company	
	Key West FL. 33040	Address	
	conchrepublicharvey@yaho	City/State and Zip Code co.com	
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Harvey W. Server		305 393-0355	
Name o	d Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	he 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)
Regist	ING ADDRESS: ration Section	STREET/COUR Registration Sect Division of Corp.	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Art & Historical Society, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number \_\_\_\_\_L17000043621 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Keys Art & Historical Society, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City

## 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 = A	R = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becament's effective date on the E	lock does not meet the app	dicable statutory filing (	(optional) e than 90 days after filing.) Purequirements, this date will	rsuant to 605.020 not be listed a
record specifies a delaye he 90th day after the rec		not an effective tir	ne, at 12:01 a.m. on	the earlier
March 9, ted	2019	. 1		
<u> </u>	Ferren (1)	- Derv	<i>e</i>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00