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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: AMAMOY Phosis Avt LLC  Name of Limited Liability Company
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:
ANIA AMADY Name of Person
Anamorphosis Art LLC Firm/Company
Address  OV land 01 FL 32812  City/State and Zip Code  Anamory 2005 S Art @ amail-com  E-mail address: (to be used for future annual report notification)
ovlando, FL 32812
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
And Amadel at (407) 575.5033  Name of Person at (407) Daytime Telephoric Number
·
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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 Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AR I
w appears on our records.) ompany)
d on April 05, 2017 and assigned
pany here:
ny," the designation "LLC" or the abbreviation "LLC."
ny," the designation "LLC" or the abbreviation "L.L.C."
JAN JAN
[6] <b>2:</b>
- <u>-</u> -
<u> </u>
describe antist the name of the name
iress on our records, enter the name of the new
Enter Florida street address
, Florida
Zip Code
1

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 = A $AMBR = A$	authorized Member			
<u>Title</u>	Name	<u>Address</u>	1	Type of Action
				Remove
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Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days rater filing.) Pursuant to 605.02.07  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date on the Department of State streotes.  The 90th day after the record is filed.  Dated  [An An A				· · · · · · · · · · · · · · · · · · ·			<del></del> -				
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