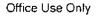
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COVER LETTER

TO: Registration So Division of Co				- 0	
SUBJECT:	AEG GROUP U Name of Lim	C NAME CHANGE	Jo Wenston B	, Dea	ie Ti
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	<u></u>	motion B. De Su	e		
	A	Name of Person	<u> </u>		
		Firm/Compally 506 2 STREET	West		
		Address Brasentan Floris	a 34205		
	E-mail address: (1	City/State and Zip Code CSUC 10@ NoTM Cul o be used for future annual report noti	COV ification)		
For further information o	oncerning this matter, please ca	dl:		53	.'
Weusion Name o	B_Desue f Person	at (944) 866 - Area Code Daytim	-0079 ne Telephone Number	24 元 元 元 一 ・	
Enclosed is a check for the	ne following amount:			73 io 0: 0	OF STATE
□ \$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 Sta Certified Copy (additional copy is en	· · · · · · · · · · · · · · · · · · ·	ari G

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 ARTICLES OF ORGANIZATION **OF**

20 APR - 1 AM 10: 01 AEG Group, 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 04/10/2017 and assigned Florida document number $\frac{1.1700080361}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Artisans Development Group, 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: (Muiling 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

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

, Florida

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
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in effective date is	listed, the date must be:	specific and car	anot be prior to			ys after filing.)	
	nserted in this block ve date on the Depar			e statutory irii	ng requiremen	ns, this date	will not be listed:
	delayed effective da	te, but not an	effective time	, at 12:01 a.m	, on the earlie	r of: (b) The	290th day after th
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Filing Fee: \$25.00