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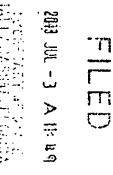
(Requestor's Name)				
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## **COVER LETTER**

TO:	Registration Section Division of Corpor		•	
CIIDI	ECT: 4ne	e Creative LL	C	
SUBJ	ECT:	Name of Limit	ed Liability Company	
The er	nclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please	return all corresponde	ence concerning this matter t	o the following:	
		Lynn	Gava O Name of Person	
			e Creative LLC Firm/Company	
			SW 28 STREE	T
		Mia	mi, FL 33155	
		E-mail address: (t	City/State and Zip Code o be used for future annual report notifi	cation)
For fu	orther information cond	cerning this matter, please ca	11:	
	unn Gar	<u>CA</u>	at ( <u>786</u> ) 439 - Area Code Daytime	Telephone Number
Enclo	sed is a check for the	following amount:		
र्ख <b>s</b> 2	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lune Conter	nporary Art LLC	FILED
(Name of the Limited Li (A Fl	ability Company as it now appears on o orida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on <u>Ma</u> \ 53	
(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  (A Florida Limited Liability Company were filed on MANAGE LIABILITY SSEE. FLORED A  (A LIABILITY SSEE FLORED A  (		
9 1		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A)	DDRESS)	_ <del></del>
Enter new mailing address, if applicable:	<del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·- ·
	Enter Florida st	reet address
_	City	, Florida
		<del></del>

## 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 = Authorized Member **Type of Action** Title **Address** Name □ ∧dđ ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove \_\_ Change □ Add

☐ Remove

☐ Change

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive 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.
Dated	July 1st , 2019.
	Signature of a member or authorized representative of a member
	Lynn Garage Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00