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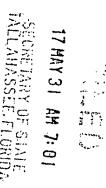
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COVER LETTER

Atelier Publishing LLC SUBJECT: _ 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: Ilona M Oppenheim Name of Person Atelier Publishing LLC Firm/Company 245 NE 37th STREET, SUITE 102 Address MIAMI, FL 33137 City/State and Zip Code ILONA@ILONA.STUDIO E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ILONA M. OPPENHEIM 582-4257 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Atelier Publish	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability (Company were filed on 05/05/2017 and assigned
Florida document number L17000100494	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
Maning maness ment BEAT OST OFFICE BOX	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	SS W W
Nove Projectored Office Address.	
New Registered Office Address:	Enter Florida street address
·	
	City , Florida 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

If amending Authorized Perso	n(s) authorized to mar	age, <u>enter the title</u>	, name, and	address of ea	ch person	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	MAUREEN ABRAHAM	245 NE 37TH STREET SUITE 102	
,		MIAMI FL 33137	■ Remove
			☐ Change
MGR	ILONA M OPPENHEIM	245 NE 37TH STREET #102	Add
,		MIAMI FL 33137	□ Remove
	• .		Change
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00