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COVER LETTER

TO:	Registration Section Division of Corporations					
	·					
SUBJI	ECT:					
		Name of Lin	nited Liability Company			
Division of Corporations ARTSPRO DEVELOPMENT ILLIC 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: RICARDO E. PINES, ESQ Name of Person RICARDO E. PINES P.A. Firm/Company 3301 PONCE DE LEON BLVD., SUITE 200 Address CORAL GABLES, FLORIDA 33134 City/State and Zip Code ricardo@repinespa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICARDO E. PINES 305 461-5757 at (Area Code) Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Bigcin \$30.00 Filing Fee & Certificate of Status & Certificate copy is enclosed. Certificate of Status & Cadditional copy is enclosed.						
Please	return all correspo	ARTSPRO DEVELOPMENT HALC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: RICARDO E. PINES, ESQ				
		RICARDO E. PINES, ESO	Ç.			
			Name of Person			
	Firm/Company 3301 PONCE DE LEON BLVD., SUITE 200 Address					
	Firm/Company					
		3301 PONCE DE LEON BEVD., SUITE 200				
			Address			
		CORAL GABLES, FLORIDA 33134 City/State and Zip Code				
		E-mail address; (to be used for future annual report notifi	cation)		
For fur	ther information c	oncerning this matter, please c	all:			
RICA	RDO E. PINES		305 461-5757			
	Name o	C Dan on	at ()	Talashana Manchas		
	Name o	retson	Area Code Daytine	Telephone (Sumber		
Enclos	ed is a check for th	ne following amount:				
\$2.	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
		III/2 A NINDOS	New York			

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



ARTSPRO DEVELOPMENT ILLLC

(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 Com	npany were filed on 12	11/2017 and assigned		
Florida document number L17000252809				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :		
N/A				
The new name must be distinguishable and contain the words "Limited	Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	3301 Ponce de l	eon Blvd., Suite 200		
	Coral Gables, Fl	orida 33134		
				
Enter new mailing address, if applicable:	3301 Ponce de I	con Blvd., Suite 200		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Fl	orida 33134		
	-			
B. If amending the registered agent and/or register	ed office address on	our records, enter the name of the new		
registered agent and/or the new registered office addres	<u>s here</u> :			
Name of New Registered Agent: Ricardo E	E. Pines			
New Registered Office Address: 3301 Pon	3301 Ponce de Leon Blvd., Suite 200			
New Registered Office Address.	Enter Flore	da street address		
Corul Gal	bles	. Florida 33134		
	City	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 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>	<u>Address</u>	Type of Action
Manag	RAFAEL EDUARIXO GODOY	3301 Ponce de Leon Blvd., #200 Coral Gables, Florida 33134	
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change
			Remove
			□ Change

Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. 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 and the date of the Department of State's records. The 90th day after the record is filed. Dated **Datable Date Coday** Signature of a member or authorized representative of a member.		
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Signature of a member or authorized representative of a member	Date	Nokember 21 2018.
Signature of a member or authorized representative of a member		
		(Hopelf Columb Coonsy

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Filing Fee: \$25.00