L17000256550

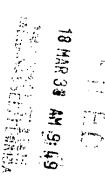
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2018

CLAUDIA KRYSZALOWICZ 4599 CHIPPENDALE DR NAPLES, FL 34112

SUBJECT: KUNSTHOUSE LLC Ref. Number: L17000256550

We have received your document for KUNSTHOUSE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 118A00004345



COVER LETTER

	ision of Cort			
SUBJECT:		USE LLC	ণ	
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
	Division of Corporations KUNSTHOUSE LLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The return all correspondence concerning this matter to the following: Claudia Kryszalowicz Name of Person Kunsthouse LLC Firm/Company 4599 Chippendale Dr Address Naples, FL 34112 City/State and Zip Code claudia kryszalowicz@gmail.com E-mail address: (to be used for future annual report notification) In their information concerning this matter, please call: It is Kryszalowicz Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Seed is a check for the following amount: 25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status & Certificate of Stat			
			Name of Person	
		Kunsthouse LLC		
			Firm/Company	
		4599 Chippendale Dr		
			Address	
		Naples, FL 34112		
			•	
				,,
				ation)
For further in	nformation co	ncerning this matter, please ca	all:	
Claudia Kry	szalowicz			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	iling Fee			□ \$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

KUNSTHOUSELLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as it now appears on our red Liability Company)	cords.)			
The Articles of Organization for this Limited L Florida document number L17000256550	iability Company	were filed on December 15,	2017 and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		4599 Chippendale Dr				
(Principal office address MUST BE A STREI	ET ADDRESS)	Naples, FL 34112				
Enter new mailing address, if applicable:		4599 Chippendale Dr				
(Mailing address MAY BE A POST OFFICE BOX)		Naples, FL 34112	原。 あ ら			
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the name of the new			
Name of New Registered Agent:	Claudia Krysza	llowicz				
New Registered Office Address:	4599 Chippend	ale Dr				
		Enter Florida street ad				
	Naples	Cia.	Florida 34112 Zip Code			
		City	гар Соае			

New Registered Agent's Signature, if changing Registered Agent:

VINCTUOLICE LLO

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
MGR	Claudia Kryszalowicz	4599 Chippendale Dr	■ Add
		Naples, FL 34112	□ Remove
			Change
			Add
			Remove
			☐ Change
			☐ Add ☐ Remove ,
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ffective date, if other than an effective date is listed, the dat	ı the date of filir	February 26	, 2018	(0	ptional)		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00