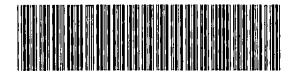
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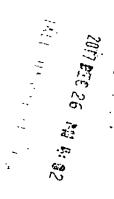
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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17 DEC 26 PM 3:

S. WARREN DEC 27 2017

COVER LETTER

Division of Co							
MICROA SUBJECT:	RT LLC						
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	oondence concerning this matter	to the following:					
	LIZMAR MERCED						
		Name of Person					
	MICROART LLC						
		Firm/Company					
	2212 VILLA VERANO W	'AY APT 103					
		Address					
	KISSIMMEE, FL 34744						
		City/State and Zip Code					
	luispadro@gmail.com						
	E-mail address: (to be used for future annual report notif	ication)				
For further information	concerning this matter, please ca	all;					
LUIS PADRO		939 285-1235 at ()					
Name	of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check for	the following amount:						
\$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

MICROART LLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ed Liability Company)	n our records.)	
e Articles of Organization for this Limited Liability Comparida document number L17000257638	any were filed on $\frac{12/18}{}$	/2017 and assigned	
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited li	iability company here:	:	
new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if applicable:		<u></u>	
rincipal office address MUST BE A STREET ADDRESS	<u> </u>	·	
ter new mailing address, if applicable:			
ailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered istered agent and/or the new registered office address be Name of New Registered Agent:		ur records, <u>enter the name of th</u>	
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip Code	
w Registered Agent's Signature, if changing Registered Age	ent:		
nereby accept the appointment as registered agent and covisions of all statutes relative to the proper and complecept the obligations of my position as registered agent a ing filed to merely reflect a change in the registered off mpany has been notified in writing of this change.	ete performance of my as provided for in Cha	v duties, and I am familiar with and upter 605, F.S. Or, if this decument	

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 Meniber Type of Action Address Title Name 2212 VILLA VERANO WAY 103 AMBR LIZMAR MERCED ■ Add KISSIMMEE, FL 34744 ☐ Remove ☐ Change 2212 VILLA VERANO WAY 103 LUIS PADRO AMBR ■ Add KISSIMMEE, FL 34744 ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remov Change 看小個 ယ္ ⊕ Remove _□ Change

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2017 ES ES	document's effective date on the Do	epartment of State's records.		
7 DEC	ne record specifies a delayed The 90th day after the rec		ective time, at 12:01 a.	.m. on the earlier
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Page 3 of 3

Filing Fee: \$25.00