# 118000005389

(Re	equestor's Name)
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Вс	usiness Entity Name)
(Document Number)	
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S. PRATHER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2018

ALEXAI S PEREZ 13290 NW 6TH CT PLANTATION, FL 33325

SUBJECT: SENZORY ART, LLC - Ref. Number: L18000005389

We have received your document for SENZORY ART, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 418A00002964

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	enzory Av	t LLC nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	2018
	Alexai	S. Perez Name of Person	2018 AUG 13 PH 2: 22
		Firm/Company	22
	13290	NW 6 CT	<del>-</del> .
	Plan alexa E-mail address:		Smail am.
For further information c	oncerning this matter, please c	all:	
Alexa Name o	1 Perez	at (786260	2755 time Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Senzori	y Art LLC	
(Name of the Limited Lin (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)	رب د کی
The Articles of Organization for this Limited Liabili	ty Company were filed on 2.12.18	and assigned
Florida document number	<u> </u>	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the  My Sensory  The new name must be distinguishable and contain the word.	Art	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		er the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida, 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 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>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□ Adđ
		<del> </del>	☐ Remove
		Change	
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		Add	
	<u> </u>	Remove	
	<del></del>		
			□ Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets,  The only thing being amen	if necessary.)
the name of the limited lia	Villes
company to: My Sensory F	trt
company to , rong densory i	111,0
	<del>-</del> .
	<u> </u>
<del></del>	
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 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12 The 90th day after the record is filed.	nts, this date will not be listed as t
Dated	. <del>d</del>
Signature of a member or authorized representative of a member	·
Signature of a member of authorized representative of a member	<del></del>
Typed or printed name of signee	ro
t yped of printed name of signed	<i>ئ</i> ن ت
	. 3 . 2

Page 3 of 3

Filing Fee: \$25.00