Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: LAW OFFICE OF PAUL A. KRASKER P.A.

Account Number : 120090000078

Phone

: (561)801-7312

Fax Number

: (561)515-3904

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CVW FINE ART, LLC**

Certificate of Status	0
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JUN 2.2 2020

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COVER LETTER

TO: Registration Division of C			
CVW FI	NE ART, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendmen; and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	PAULA, KRASKER, ESC).	
		Name of Person	
	THE LAW OFFICE OF PA	AUL A. KRASKER, P.A.	
		Firm/Company	
•	1615 FORUM PLACE, 5T	TH FLOOR	
		Address	<u>, , ,</u>
	WEST PALM BEACH, FI	_ 33401	
		City/State and Zip Code	
	PKRASKER@KRASKER	.A.W.COM to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please of	·	,
		561 515-4722	
ANDREA MURPHY SNOWDEN Name of Person		at () Area Code Daytim	e l'elephone Number
1300	() () () () () ()	•	•
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ci S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box (n Section f Corporations	Street Address: Registration Sed Division of Contre of 2415 N. Monre Tallahassee, F.	rporations Tallahassee of Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit 1A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number i.18000008492	ompany were filed on JANUARY 9, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
MCCULLOCH ART, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	<u> </u>
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the nar	SECRETARY OF See FL. FL. AHAS SEE, FL. of the new tree isters
agent and/or the new registered office address here:		OS NTE NTE
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	Сиу	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

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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
MGR	CATHERINE C. MCCULLOCH	6 CARNOUSTIE CIRCLE	≣Add
		WEST PALM BEACH, FL 33401	CIRemove
			⊡Change
MGR	Catherine Vaughan Williams	6 CARNOUSTIE CIRCLE	ÜAdd
		WEST PALM BEACH, EL 33401	≅Remove
			[](Thange
AAA,			□Add
			Remove
			□ □Change
			OAdd
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te: lt	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be pri it the date inserted in this block does not meet the appl it's effective date on the Department of State's record	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ficable statutory filing requirements, this date will not be listed a ds.
cord s s filed		e time, at 12:01 a.m. on the earlier of: (b) —the 90th day after the
ted	June 12 2028	
	Signature of a member or au	the wire h

41200001871853 Filing Fee: \$25.00