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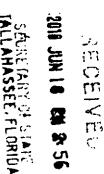
(Re	questor's Name)		
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	ratorial Constant Name of Lim	ENNECTIONS LLC ited Liability Company INSIDE OUT L.L.C")	
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	K. A1150	Name of Person	orphy.
		Firm/Company	
	237 /	Yichael Drive	
	Sant Ac	City/State and Zip Code	286
-	Schae F. E-mail address: (ler - murphy 1 @ o	gmaic.com
For further information conc	erning this matter, please ca	all;	
K. Alisas Sc Name of Pe	shaeffler-Murp Ison	Area Code Daytin	//05 ne Telephone Number
Enclosed is a check for the fe	ollowing amount:		
X \$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

Curator	ial Connections LLC
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability	y Company were filed on <u>March 9, 2018</u> and assigned
Florida document number <u>∠/8000624</u>	(7/ .
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
Arts Inside (Jut L.L.C.
The new name must be distinguishable and contain the words "	.imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	=1 N9
	gistered office address on our records, entire he made of the new
registered agent and/or the new registered office a	ddress here:
	SS = m
Name of New Registered Agent:	SSEE TO
New Registered Office Address:	
	Enter Florida street address
	Florida
	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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		/	∕ □ Add
			Remove
			Change
			🖸 Add
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		.,
E. Effective	e date, if other than the date of filing: (optional)	
	tive 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 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a	
	nt's effective date on the Department of State's records.	
If the reco (b) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.	•
Dated _	June 15, 2018	
	Signature of a member or authorized by sesentative of a member	
	K. Alison Schaeffler-Murphy Typed or printed name of signee	
	., ., ., ., ., ., ., ., ., ., ., ., ., .	

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Filing Fee: \$25.00