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## **COVER LETTER**

Div	ision of Cor	porations			
2010 112 200		GALLERY KEY WEST, LL	С		
SUBJECT: Name of Limited Liability Company					_
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		GORAN DRAGOSLAVIO	· ·		
			Name of Person		
		EFFUSION GALLERY K	EY WEST, LLC		
			Firm/Company	<u>-</u>	_
		1800 W Broward Blvd			
			Address		_
		Fort Lauderdale, Florida.3.	3312		
		<del></del>	City/State and Zip Code	<del> </del>	
		Tgfat@msn.com	to be used for future annual	runnet matification)	_
For further in	iformation c	oncerning this matter, please co		report notification;	
GORAN DR	AGOSLAV	IC.		56564	
	Name o	f Person	Area Code	Daytime Telephone Numb	Det
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific losed) Certific	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	iling Addres		<u>Street Ac</u> Registra	Idress:	
		orporations		n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFFUSION GALLERY KEY WEST, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 04/02/18	and assigned
Florida document number 1.18000082494		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u></u>
		SELLEX TALLEX
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		3>17 GV (
Hunding data ess., 117(1-112.71-1-05) OFFICE BOXY	·····	Vice To The
<ol> <li>If amending the registered agent and/or registered offi gent and/or the new registered office address here:</li> </ol>	ce address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	ts.
	, Fl	orida
	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 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
		<del>.</del>	□Remove
			□Change
			□Add
			□Remove
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n effective date is listed, t te: If the date inserted	r than the date of filing: the date must be specific and cannot be id in this block does not meet the te on the Department of State's re	applicable statutory filing re		
cord specifies a delayers filed.	ed effective date, but not an effec	ctive time, at 12:01 a.m. on t	the earlier of: (b) The 90th day	y after the
11/18/2024 red				

Filing Fee: \$25.00

Typed or printed name of signee

# EFFUSION\_GALLERY\_KEY\_WEST, LLC

1800 W Broward Blvd,

Fort Lauderdale,

Florida 33312

Contact:

Goran Dragoslavic

9542956564

# C400.