

L18000098339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

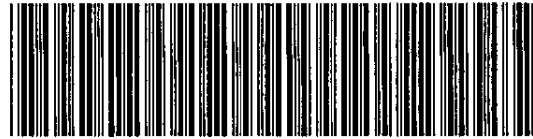
(Business Entity Name)

(Document Number)

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04/26/18--01021--004 **25.00

FILED
2018 MAY 10 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2018

ALEXANDER SOLOTZEW
5593 BURNT BRANCH CIRCLE
SARASOTA, FL 34232 US

SUBJECT: FINE ART SOLOTZEW, LLC
Ref. Number: L18000098339

We have received your document for FINE ART SOLOTZEW, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to my telephone communication with Marina, I am returning this amendment to you, as she instructed that it not be filed.

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 818A00008926

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FINE ART SOLOTZEW, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/18/2018 and assigned
Florida document number L18000098339

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alexander Solotzew

New Registered Office Address:

5593 Bunt Branch Circle

Enter Florida street address

Sarasota

Florida

34232

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

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>	<u>Address</u>	<u>Type of Action</u>
AR	SOLOTZEW, MARINA	5593 BURNT BRANCH CIRCLE	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	SOLOTZEW, ALEXANDER	5593 BURNT BRANCH CIRCLE	<input type="checkbox"/> Add
		SARASOTA, FLORIDA 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOLOTZEW, MARINA	5593 BURNT BRANCH CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SOLOTZEW, ALEXANDER	5593 BURNT BRANCH CIRCLE	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34232	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	SOLOTZEW MARINA		<input type="checkbox"/> Add
Registered Agent			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	SOLOTZEW, ALEXANDER		<input checked="" type="checkbox"/> Add
Registered Agent			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2016 MAY 10 PM 2:23
FALL HASSEE, FLORIDA

סמל

E. Effective date, if other than the date of filing: 04/24/2018 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/24/2018

Signature of a member or authorized representative of a member

MARINA SOLOTZEW

Typed or printed name of signee