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DIVISION OF CORPORATIONS

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## · COVER LETTER

TO:	Registration Solution of Col			
cuntr		ddition Art. LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Daniel Martinez, Esq		
			Name of Person	
		Martinez Denbo, LLC		
			Firm/Company	
		2935 1st Ave N		
			Address	· · · · · · · · · · · · · · · · · · ·
		St. Petersburg, FL 33713		
			City/State and Zip Code	•
		dmartinez@civillit.com		<del> </del>
			to be used for future annual report noti	fication)
For furth	ner information c	oncerning this matter, please c	all:	
Daniel 1	Martinez		727 894-3535	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed	Lis a check for th	ne following amount:		
<b>■ \$</b> 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

Limited Addition Art. 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 5/23/18 \_\_\_\_\_ and assigned Florida document number  $\frac{L18000129508}{}$ 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 " 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: New Registered Office Address: Enter Florida street address . Florida

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
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Note: If t	the date insert	ed in this block does the on the Departmer	not meet the appl	licable statutory f	ling requirement	s, this date will not	to 605.0207 be listed as t
ne record The 90	d specifies Oth day afte	a delayed effect er the record is f	ive date, but r iled.	not an effectiv	e time, at 12:	01 a.m. on the	earlier of:
Dated 6/7	7/2018						
		Martinez Senature					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00