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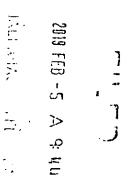
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## **COVER LETTER**

TO:	Registration Se Division of Cou		* * * *	•	
SUBJEC		ALLERY, LLC			
SUBJEA	C1.	Name of Lin	nited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			JACOB SAMANDAR		
			Name of Person		
			ARTEM GALLERY, LLC	<del>7</del> .	2819 F
		<del></del>	Firm Company		FEB
		2665	S BAYSHORE DR., M103-7		ب الله
			Address	-	· · · · · · · · · · · · · · · · · · ·
			MIAMI, FL 33133	-	.0 .0
			City/State and Zip Code	<u>;</u> .	# E
		E-mail address:	to be used for future annual report no	tification)	
For furth	ner information c	oncerning this matter, please c	all:		
JACOB	SAMANDAR		305 222-7890 at ( )		
	Name o	f Person		ne Telephone Number	
Enclosed	d is a check for t	he 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)	Certified C	of Status &
	MAIL	ING ADDRESS:	STREET/COUR	IER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTEM GALLERY LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document number L18000140257	pany were filed on <u>6/6/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
ASA FINE ART GALLERY LLC		
'he 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:		2019
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u></u>
Inter new mailing address, if applicable:		ر ۾
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	·	•
s. If amending the registered agent and/or registere egistered agent and/or the new registered office address		cords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	uddress
		Florida
	City	Zin Code

## New Registered Agent's Signature, if changing Registered Agent:

ADTEMOSTICOVITO

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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			Remove
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etive date, if other than the d effective date is listed, the date must b	ate of filing:	555 1 00.1	optional)
Hective date is listed, the date must be 11 the date inserted in this bloc	e specific and cannot be prior to date k does not meet the applicable st	of filing or more than 90 days atutory filing requirements	s after filing.) Pursuant to 605.020 s, this date will not be listed a
ment's effective date on the Dep			
ecord specifies a delayed o		effective time, at 12:	01 a.m. on the earlier
ne 90th day after the recor	a is rilea.		
d FEBRUARY 2	2019		
d			
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	ignature of a momber or authorized r	,	<del></del>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00