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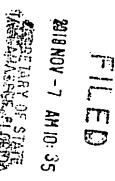
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COVER LETTER

Division of Cor				
GOOD DO	GGY LLC			
SOBJECT.				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		4
	AURA BARRERA			
	·	Name of Person		
	AMOR ARTE LLC			
		Firm/Company		
	1811 EMERSON RIDGE	ROAD APT 103		
	CELEBRATION EL 2474	Address		
	CELEBRATION, FL 3474	.,		
	ACBARRERA17@GMAIL	City/State and Zip Code COM	_ 	
	E-mail address: (to be used for future annual report notific	ation)	三
For further information c	concerning this matter, please ca	all:	\$ 1 m	AUN BIEN
CAMILO BARRERA		561 932 5120 at ()	1860 X	
Name o	of Person	Area Code Daytime	Telephone Number	ED
Enclosed is a check for the	he following amount:		5	;
■ \$25.00 Filing Fee	☐ \$30.00 Fiting 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

TO ARTICLES OF ORGANIZATION OF

GOOD DOGGY 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 07/23/2018 _____ and assigned Florida document number ____ L18000176188 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AMOR ARTE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

or removed	from our records:		
MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		 	Remove
			Change
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an effective date is listed, the date must lote: If the date inserted in this block	be specific and cannot be prior to	date of filing or more than	90 days after filing.) Purs	uant to 605.020
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e record specifies a delayed The 90th day after the reco		an effective time, a	t 12:01 a.m. on t	he earlier
NOVEMBER 4	2018	_•		
Dated NOVEMBER 4	2018	_·		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00