# L18000180505

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# COVER LETTER

Div	ision of Corporations	
CHDIECT.	Performing and Visual Art Design Network LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	d Articles of Amendment and fee(s) are submitted for filing.	
Please returr	all correspondence concerning this matter to the following:	
	LATONYA S HICKS	
	Name of Person	
	Performing and Visual Art Design Network L	
	1236 S MISSOURI AVE #-210	
	Clearwater, FC 33756 City/State and Zip Code	
	Clearwater, FL 33756  City/State and Zip Code  PVA dlsign network UC amail, com  E-mail address: (to be used for future annual report notification)	
For further i	nformation concerning this matter, please call:	
	Name of Person at (617) 515-8500  Area Code Daytime Telephone Number	
	a check for the following amount:	
\$25.00	Filing Fee 230.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	

### MAILING ADDRESS:

**Registration Section** 

TO:

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

Performing and Visual Art Design Network 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 7/27/2018 and assigned Florida document number L18000180505 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

#### 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

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
MGR/OWNE	LATONYA S. HICKS	1236 S MISSOURI AVE UNIT 210	Add
		Clearwater, FC 33756	Remove
		J575♥	Change
TITLE AR	NIA J NEES		🗖 Add
		4901 WHITEWAY DR. TAMPA FL	Remove
		33617	Change
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Latonya Stele	he red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
Signature of a member or authorized representative of a member	Dated		
Signature of a member or authorize representative of a member		Jalonya Stele	
		Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00