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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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A. RIVERS NOV 1 5 2021



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: R, W. C	2. Fine Art Name of Rimi	LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		N. Crupa Name of Person	
	R. W.C. Fine	Art, LLC Firm/Company	
	5260 South	MacDill Avenu	<u>e</u>
	Tampa, FL	33611 City/State and Zip Code	·
	Robert Crum P. E-mail address: (1	hoto Q Ve rizon	net ification)
For further information co	ncerning this matter, please co	ail:	
Robert W. C	Person	at (<u>813</u>) <u>839 –</u> Area Code Daytin	3719 ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	\$\footnote{\mathbb{G}}\$ \$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	:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L. C. Fine Art LL (Name of the Limited Liability Compan (A Florida Limited Liability Compan)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>LIRODO185038</u> .	were filed on August 18, 2018 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil		
R. W.C. Fine Art, LLC The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	5260 South Mac Dill Avenue Tampa, FL 33611	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5260 South MacDill Avenue Tampa, FL 33611	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe	- ered
Name of New Registered Agent: Robert New Registered Office Address: 5260 S	South MacDill Avenue	-, -
	City Sip Code	

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
MGR	Robert W. Crum	5260 South MacDill Avenue Tampa, FL 33611	L GALL Same
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			Change
			🗆 Add
			□Remove

Effective date, if other than the date of filing:							
(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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. 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 cord is filed. Dated October 28 2021.							
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Signature of a member or authorized representative of a member	Dated <u>OC</u>	ober 28	·	2021			
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Robert W. Crum Typed or printed name of signee					-		

Filing Fee: \$25.00