## 118000215903

(Re	equestor's Name)	
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## **COVER LETTER**

ART'IK	Corporations LES, LLC				
Name of Limited Liability Company					
he enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.			
lease return all corre	spondence concerning this matter t	o the following:			
	Javier Chipi				
		Name of Person			
	Barbosa Legal				
	<del></del>	Firm/Company			
	407 Lincoln Road, PH-NE				
	·	Address			
	Miami Beach, FL 33139				
	jchipi@barbosalegal.com	City/State and Zip Code	<del></del>		
	E-mail address: (to	o be used for future annual report notifi	cation)		
For further information	on concerning this matter, please ca	11:			
Javier Chipi		305 501-4680 at()			
Nan	ne of Person	Area Code Daytime	Telephone Number		
Enclosed is a check fo	or the following amount:				
■ \$25.00 Filing Fee	-	☐ \$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

ART'IKLES LLC					
(Name of the Limited Liability Compa (A Florida Limited	nv as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 9/12/2018	and assigned			
Florida document number L18000215903					
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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t				
Enter new principal offices address, if applicable:	12555 BISCAYNE BLVD	<u> </u>			
• • •	NORTH MIAMI, FL 33181				
		= = = = = = = = = = = = = = = = = = = =			
Enter new mailing address, if applicable:		<u> </u>			
Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		iter the name of the			
Name of New Registered Agent:					
New Registered Office Address:	The state of the s				
	Enter Florida street address				
	Florida				
	City	Zip Code			

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Change
			☐ Remove
			□ Change
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ffective date, if other than the date must be date. If the date is listed, the date must be determined in this block.	te of filing:	be prior to date	of filing or more t	(optio	nal) filing.) Pursuan	122 (1)5	.0
ocument's effective date on the Depa	rtment of State's r	ecords.					
e record specifies a delayed e The 90th day after the recor		out not an e	effective time	e, at 12:01 a	.m. on the	earlier	of
October 25	2018	3					
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	mature of a member						

Page 3 of 3

Filing Fee: \$25.00