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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

: (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future , annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EMILLIONS ART LLC

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## **COVER LETTER**

	istration Sec sion of Corp						
SUBJECT:	EMILLION	S ART LLC		•			
JUDJECT;		Name of Lim	ited Liability Company				
The enclosed	Articles of A	mendment and fec(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com, Inc.			9	26	
			Firm/Company		•	3	
		101 N. Brand Blvd., 11t	h Floor		; - 	2019 KUG -	
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		Glendale, CA 91203				PH 4:47	(E) - 7 (C) - 7
			City/State and Zip Code		. ·	<u>۔۔</u>	
		kmcs@comeast.net		\			
For further in	iformation co	t-mail address: ( neerning this matter, please co	to be used for future annual report not ull:	incation)			
Cheyenne M	Moselcy		800 773-0888 c				
	Nume of	Person	Area Code Daytin	ne Telephone Number			
Enclosed is a	check for the	following amount:					
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &		

MAILING ADDRÉSS:

Registration Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

\_\_\_\_\_\_

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ay as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000239910</u>	were filed on 10/10/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	837 5th Ave South Ste 202	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34102	
		19 AUG
Enter new mailing address, if applicable:	837 5th Ave South Stc 202	
(Mailing address MAY BE A POST OFFICE BOX)	Naples, FL 34102	
	ew	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nier the hame of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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			Remove
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If amending any other information, enter change(s) here: (Attach addi	itional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
Dated 31 July . 2019	
	$\circ$
Signature of a member of authorized representati	ive of a member
-Acres de	vc of a member

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Filing Fee: \$25.00

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