## 118000275784

(Re	equestor's Name)	<del> </del>
(Ad	idress)	<del></del>
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300322510323

01/14/19--01013--016 \*+23.00



110010

## **COVER LETTER**

Division of Co					
Fat Iguan	a Artwerx LLC				
GOBSECT.	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are sub pondence concerning this matter	<del>-</del>			
Troube rotain air corres	Timothy D Taylor	w the following.			
		Name of Person	<del></del>		
	Fat Iguana Artwerx LLC			_	
		Firm/Company		2019 TAL	77
	19170 San Carlos Blvd			SING JAM I U	FI
		Address		issi Lu	177
	Fort Myers Beach, FL 339	931		May D	C
	Teamtaylor4u@yahoo.com	City/State and Zip Code		2: 36 S. J. J. J. S. J. S. J. S. J. S. J. J. S. J. J. S. J.	
	• •	to be used for future annual report notif	fication)	<u> </u>	
For further information	concerning this matter, please of	all:			
Timothy D Taylor		910 612-7992 at ( )			
Name	of Person		e Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Fat Iguana Artwerx LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000275784</u>	were filed on November 29, 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:	温量
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19170 San Carlos Blvd	SS = TT
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers Beach, FL 33931	- <del>70 P</del> C
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	19170 San Carlos Blvd Fort Myers Beach, FL 33931	TOP O
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kitty A Taylor	19170 San Carlos Blvd	
		Fort Myers Beach, FL 33931	
		<del></del>	C Remove
			Change
AMBR	Timothy D Taylor	19170 San Carlos Blvd	Add
		Fort Myers Beach, FL 33931	
			72.57
			Change
			Add =
			□ Remove N
			Change
			□ Adđ
			Remove
<del></del>	<del></del>		
			Remove
			Change
			Remove
			☐ Change

							·
			· · · · · · · · · · · · · · · · · · ·	<u>.</u>			<del></del>
	<del></del>		_				<u> </u>
			<u>-</u>			··-	
							<del></del>
	·	_					7019
			<u> </u>			<u> </u>	25
				<u> </u>	<u>-</u>		
				<del></del>			THE PARTY OF THE P
							THE D
					<del>-</del>		25.
							<u> </u>
				<del></del>	<del>_</del>	<del></del> _	
fective date,	if other than ti	he date of fili	ng:			(option:	al)
<u>ote:</u> If the dat	te inserted in this	block does not	meet the app	licable statutor	ng or more than y filing requir	90 days after fili ements, this da	ng.) Pursuant to 605.0207 ite will not be listed as
cument's effe	ective date on the	Department of	State's recor	ds.			
	ecifies a delay ay after the re			not an errec	tive time, a	t 12:01 a.n	n. on the earlier of
ated	12/18		. 201	<u>8_</u> .			
		-0 (	$\mathcal{N}$				
	11.1	X'0					

Page 3 of 3

Filing Fee: \$25.00