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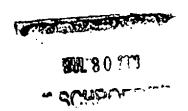
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	ARTISFOREVER, LLC		
Sobster.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	M.	ARIA G MONRO REYES	
	<del> </del>	Name of Person	
		ARTISFOREVER, LLC	
		Firm/Company	
		145 SW 13th St Apt 527	
		Address	
		MIAMI, FL 33130	
	a	City/State and Zip Code artisforever305@gmail.com	
	E-mail address: (	to be used for future annual report notif	fication)
For further information of	concerning this matter, please concerning	all:	
MARIA M	ONRO REYES	786 865-5900 at ( )	
Name	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$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)
Regist Divisi	LING ADDRESS: tration Section on of Corporations Box 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	ก

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTISFOREV	ER, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000286714	were filed on _	12/13/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8332 NW 68tl	n ST MIAMI, FL 33	166
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>	<del></del>
Enter new mailing address, if applicable: (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		on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address , Florida	23 77
	City	, r toriua	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			;, (A)

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 **Type of Action** <u>Title</u> Name <u>Address</u> \_D Add ☐ Remove \_□ Change □ Add \_□ Remove ☐ Change \_□ Add \_□ Remove ☐ Change \_□ Add Remove \_\_\_ □ Add Remove ☐ Change □ Add

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