Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000254745 3)))



H230002547453ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099 Phone : (954)478-2706 Fax Number : (954)934-0334

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONT EVENTS & TECH LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.1
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MONT EVENTS & TECH LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/0872}{100}$	2019 and assigned
Florida document number L19000071607	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
THE WRAP ARTISAN LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<i>,</i>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 1
	: 2
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here:	rds, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida s	tunt adduses
Enter Florida S	uree: uauress
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip 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 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
	<u> </u>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Chenge
			C∙Add
			□Remove
			□ Change
	 .		□Add
			□ Remove
			□Change
		·	□Add
			□ Remove
			□Change

		_
		
		_
•		_
•		_
-		_
		_
-		_
		_
		_
-		_
-	<u> </u>	
-		_
-		
		-
-		
f an cfl <u>Vote:</u>	tive date, if other than the date of filing:	505.0207 isted as
recor dista	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a filed.	fter the
ated	JULY 17 , 2023 , The state of t	
	Signature of a member or adthorized representative of a member	
	JUAN DIEGO AMAYA	