# 119000 109742

Office Use Only



500329030515

Ü5/Ò3/19--01011--Ò35 \*\*36.00

2019 IIII - 9 - PH 4: L2

Amend

MAY 2 0 2019 I ALBRITTON

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Push x art LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jean Borja Name of Person Push x art LLC Firm/Company
2109 Great Falls Way.
Orlando FL 32824  City/State and Zip Code  Owner O push xart. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tean Barja at (32) 333-7288  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

## 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

Pucharant	L-1-C	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 419000109742	were filed on 04/22	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 contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
· ·		<b>:</b>
		<b>1</b> ;2
3. If amending the registered agent and/or registered of		iter the name of the nev
egistered agent and/or the new registered office address here	2:	
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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Jean Borja	2109 Great Falls Way. Orlando FL	Add
		Way. Orlando FL	□ Remove
		32824	Change
		<del>.</del>	□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
	<del></del>		Add
			□ Remove
			□ Change
			□ Add
		Remove	
			Change

					<u> </u>		<u> </u>	
								_
<del>_</del>		<u>-</u>						_
-			-			<del></del>	<u>.</u>	_
						. <u>-</u>		
								_
							·	
				<u> </u>	-			
								_
	<u></u> _			<del></del>				_
	<u> </u>							
						<u> </u>		
		-						
_					<u> </u>			_
		4	e-1-			( <b></b> .		
te: If the d	e, if other that te is listed, the data ate inserted in t fective date on	his block does	not meet the	applicable st	of filing or more t atutory filing red	han 90 days after quirements, this	onal) filing.) Pursuant to date will not be l	605.0207 isted as
	ecifies a de day after the			out not an	effective time	e, at 12:01 a	.m. on the ea	rlier of
ted	•		$\sim$	<u> </u>	<b>、</b>			
_			1/1					
		Signature	of a member	or authorized	epresentative of a	member		

Page 3 of 3

Filing Fee: \$25.00