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COVER LETTER

TÓ:		stration Section of Corp					
erio m		Art Wings					
Name of Limited Liability Company							
The en	iclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.			
Please	return :	all correspon	dence concerning this matter t	to the following:			
			Maria Victoria Duque				
			Art Wings	Name of Person			
			9715 west Broward blvd	Firm/Company #253			
			Plantation FL, 33324	Address			
			Artwings.usa@gmail.com				
			E-mail address: (I	to be used for future annual report no	otification)		
For fu	rther in	formation co	ncerning this matter, please ca	all:	Name of Person Firm/Company Address y/State and Zip Code used for future annual report notification) at (
Maria	Victor	ia Duque					
		Name of	Person	Area Code Days	ime Telephone Number		
Enclo	sed is a	check for the	e following amount:				
■ Si	25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status		Certificate of Status & Certified Copy		

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

Art Wings LCC				
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on I Liability Company)	our rec <u>ords.</u>)	
he Articles of Organization for this Limited L lorida document number 119000136747	Liability Compan	y were filed on May 21	,2019 and assigned	
his amendment is submitted to amend the foll	lowing:			
a. If amending name, enter the new name of	of the limited lia	bility company here:		
he new name must be distinguishable and contain the	words "Limited Lial	bility Company," the design	ation "LLC" or the abbreviation "L.L.C."	
inter new principal offices address, if applic	cable:	9715 W Broward B	lvd #253 Plantation FI, 33324	
Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9715 W Broward Blvd #253 Plantation FI, 33324		
3. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address be	office address on ou ere:	r records, enter the name of th	
Name of New Registered Agent:	Maria Victori	ia Duque		
New Registered Office Address: 9715 W Brow		ward Blvd #253	Sec. 5	
	The Hogistoned of Head Land.		ureet address	
	Plantation	.,	, Florida ³³³²⁴	
		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
MGR	Maria Victoria Duque	7656 NW 5th Street Apt 1F Plantation FL, 33324	
			_
			☐ Remove
			Change
AMBR	Diego Florez	7656 NW 5th Street Apt 1F Plantation FL, 33324	■ Add
			□ Remove
			The Change To 1
			4 ' 🗆 NAA - 4
			A A P
			☐ Change
			Add
			□ Remove
			☐ Change

			□ Remove
			Change
			Add
			□ Remove
			🗖 Change

	tion, enter change(s) here: (Attach addition	
		22 1
f an effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of filing or more than the statutory filing or more than the statutory filing partment of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605.0207 ng requirements, this date will not be listed as
ne record specifies a delaye The 90th day after the re	d effective date, but not an effective toord is filed.	time, at 12:01 a.m. on the earlier o
June 19 Dated	2019	
	Mana Vic-blio Date Signature of a member or authorized representative	e of a member
	. 1	of a memori
Maria Victoria Duque	Typed or printed name of signee	

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Filing Fee: \$25.00