## L19000 152 432

(Req	uestor's Name)	
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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: AR	T Escape	Conllery LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonne	MC/AREN Name of Person	
	DRT ESC	Firm/Company	<u>/</u>
	24216 EUP		
	VENICE:	FC 34293 City/State and Zip Code	
	AR.	TESCAPEGALLERY  to be used for future annual report notif	
For further information c	concerning this matter, please co	•	)
Jasque o	mc/snav	at ( <u>170</u> ) <u>846-6</u> Area Code Daytime	S79/ Telephone Number
Enclosed is a check for t	he folloying 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART ESCAPE GAILE (Name of the Limited Liability Compa (A Florida Limited I	Ry LLC	
(A Florida Limited I	iability Company)	<u></u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>41 9000 152 432</u> .	were filed on	/ 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 the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	206 MIAMI	QUE W
(Principal office address MUST BE A STREET ADDRESS)	206 MIAMI I VENICE FL	34285
Enter new mailing address, if applicable:		13 (2000) 13 (2000) 14 (2000)
(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 here		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	is
	Fl	orida
<del></del>	City	Zip Code
No. Donist and America Chanter of Fabruarian Donistoned America		

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 ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOANNE MCLAREN	24216 EUPHENIA DR VENICE FL 34293	∧dd
		venice FL 34293	Remove
			Change
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(If an effe	ve date, if other than the date of filing: 6/8/30/9 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
Dated .	June 24 2019.
	Signature of a member or authorized representative of a member
	Susan Trylese Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00