

L19000156225

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DR. ART CONSULTANT, LLC

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Corporate Filing Menu

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June 23, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DR. ART CONSULTANT, LLC
1430 BRICKELL BAY DRIVE, APT. #405
MIMAI, FL 33131

SUBJECT: DR. ART CONSULTANT, LLC
REF: L19000156225

We have received your document for DR. ART CONSULTANT, LLC and the authorization to debit your account in the amount of \$30.00. However, the document has not been filed and is being returned for the following:

This document is too light to read so it is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000190829
Letter Number: 420A00012372

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Dr. Art Consultant LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/21/2019 and assigned
Florida document number L19000156225.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the word: "Limited Liability Company," the designation "LLC," or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

244 Biscayne Blvd. Apt. N 4704

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33132

Enter new mailing address, if applicable:

244 Biscayne Blvd. Apt. N 4704

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
President	David Restrepo	244 Biscayne Blvd. Apt. N 4704, Miami Fl 33132	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	David Restrepo	1430 BRICKELL BAY DRIVE, APT. #405	<input type="checkbox"/> Add
		Miami, Fl 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Daniel Iribaren	244 Biscayne Blvd. Apt. N 4704, Miami , Fl 33132	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vp	Daniel Iribaren	1430 BRICKELL BAY DRIVE, APT. #405	<input type="checkbox"/> Add
		Miami, Fl 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amend the registered agent address:

Remove address: 1430 Brickell Bay Drive Apt. 405, Miami, FL 33131

Add address: 244 Biscayne Blvd. Apt. N 4704, Miami, FL 33132

E. Effective date, if other than the date of filing:

(optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the record is filed.

Dated June 10

2020

Signature of a member or authorized representative of a member

David Resnopo

Typed or printed name of signer

Filing Fee: \$25.00

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