Florida Departments of State
Division of Corporations
Electronic Filling Cover Speet

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Division of Corporations

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S

Account Name : SIEGELAUB ROSENBERG P.A.

Account Number : I19990000058
Phone : (954)753-2222

Fax Number

: (954)753-2222 : (954)753-1123

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 10925 EUREKA ST, LLC

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Corporate Filing Menu

Help

MATERIAL CONTRACTOR

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4210001047743

10925 EUREKA ST, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.)	,
The Articles of Organization for this Limited Liability Cor	mpany were filed on 06/14/2019	and assigned
lorida document number L19000157990	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
ARTEE, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRE</u>	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered c agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	ne name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· -;
		ida
	Clty	Zip Code 5

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR = Manager

MGR = Manager AMBR = Authorized Member		H210001077143		
<u>Title</u>	Name	Address	Type of Action	
			□Add	
			□ Remove	
			Change	
			□Add	
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			\ Remove	
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			□Remove	
			Change	
			□Remove	
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			DAdd	
			□ Remove	
			□ Change	

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If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
<u></u>	
Note: If the date	fother than the date of filing: s 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
e record specifies and is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MARCH 1	15 2021
Dateu	
	Signature of a member or authorized representative of a member
DROR	R TOHAR
	Typed or printed name of signee