L19000268670

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cou				
Atlas Art L	J.C €	•		
SUBJECT:	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:		
	Rebecca Salinas			
		Name of Person		
	Atlas Art LLC			
		Firm/Company		
	1141 NE 154th terrace			
		Address		m 2
	North Miami Beach, FL 33	3162	•	\ 2022 APR 19 51∑813-171
		City/State and Zip Code	:	
	srebecca.art@gmail.com			,
	E-mail address: (to be used for future annual repor	t notification)	PH 12:
For further information of	concerning this matter, please ca	all:	-1: :	7,7E 12:50
Rebecca Salinas		561 354 - 86	603	m O
Name o	of Person		ytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addre		Street Addres		
Registration		Registration		
Division of C P.O. Box 632			Corporations of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Atlas Art 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 January 28, 2022 Florida document number $\frac{L19000268670}{L}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Friendly Noodles Artworks LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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: (Mailing address MAY BE A POST OFFICE BOX) 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 __ Cin

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be p lock does not meet the app	rior to date of filing or r olicable statutory filin	nore than 90 days after fili	ng.) Pursuant to 605.0207 (
e record specifies a delaye The 90th day after the rec		not an effective	time, at 12:01 a.n	n. on the earlier of:
Dated April 14	2022			
	Raber &	Edlio	_	
		7		
	Signature of a member or a	uthorized representative	e of a member	

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