

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATIVE VISION ART GALLERY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2-35 17 MIH: 35

| CREATIVE VISION ART GALLERY L  | <del></del> -                                     |
|--|---|
| (Name of the Limited Liability Company as it now appear<br>(A Florida Limited Liability Company)                                   | on our recurds.)                                  |
| The Articles of Organization for this Limited Liability Company were filed on  | 03/09/2020 and assigned                           |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability company he  | <u>re</u> :                                       |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de-                                    | signation "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 reagent and/or the new registered office address here: | cords, <u>enter the name of the new registere</u> |
| Name of New Registered Agent:  |   |
| New Registered Office Address:  Enter Floria   | da street aidress                                 |
|  | , 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 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

| Title       | Name                    | Address                      | Type of Action                               |
|-------------|-------------------------|------------------------------|--|
| MGR         | RICARDO MANDINI VALERIO | 1010 SW 2ND AVENUE, APT 1002 | <b>\(\vec{\vec{\vec{\vec{\vec{\vec{\vec{</b> |
|             |                         | MIAMI, FL 33130              |  |
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| 27 YO 60 .                    |  | 09/17/2020   |
| E. Effecti<br>(If en eff      | ive date, if other than the date<br>fective date is listed, the date must be s | POT THING' (ontional)  |
| Note:<br>docum                | If the date inserted in this block of<br>ent's effective date on the Depart    | pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( loes not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records. |
| If the recon<br>record is fil | d specifies a delayed effective date<br>led.                                   | e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| Dated.                        | SEPTEMBER 17   | 2020   |
|                               |  |  |
|                               | Signs  | ature of a member or authorized representative of a member   |
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Filing Fee: \$25.00