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ARTISTIC ESTATES, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: RONALD L. GRAHAM Name of Person RONALD L. GRAHAM & COMPANY, P. A. Firm/Company P. O. BOX 1726 Address SANIBEL, FL 33957-1726 City/State and Zip Code Rgraham I@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronald L. Graham 239 472-7001 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fec, ⊙ Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed **Mailing Address:** Street Address: **Registration Section** Registration Section

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

TO:

Registration Section
Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

ARTISTIC ESTATES, LLC

(Name of the Limited Lin	hility Company as it now and	
(A Flo	shility Company as it now apper orida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability Florida document number 1.20000115864	y Company were filed on $\frac{0}{2}$	1/29/2020 and
This amendment is submitted to amend the following	· -	
A. If amending name, enter the new name of the l	imited liability company h	ere:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our r	ECORETAN SECOND PM S 20 PM S 2
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
	City	, Florida
New Registered Agent's Signature, if changing Register	Ť	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doc being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabi company has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Typ</u> (
·MGR	Jonathan Jones	11850 Dr MLK Street #2108	
		Saint Petersburg, FL 33916	
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	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
If the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day and
J Dated	une 20, 2020
Dateu _	
	strutte strus
	Signature of a member or authorized representative of a member
	Jonathan M Jones
	Typed or printed name of signee

Filing Fee: \$25.00