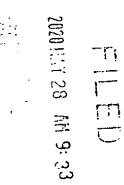
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(Requestor's Name)		
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Amendai

JUN 1 # 2020

I ALBRITTON

Registration Section **Division of Corporations** 8186 Artisan Cir, LLC
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: Yasmina Martin García 8186 Artisan (ir, LLC 16112 475 Street E Redinaton Beach, FL 33708
City/State and Zip Code E-mail address: (to be used for future annual report notification) Yasmina Martin Garcia at 720 939-8047

Area Code Daytime Telephone Number

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

TO:

☑ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fcc & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab (A Flor	oility Company as it now appears on o rida Limited Liability Company)	ur records.)				
The Articles of Organization for this Limited Liability Florida document number <u>L 200001314</u>		$\frac{14/2020}{200}$ and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	a document number					
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	ion "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADI	DRESS)	22 [
Enter new mailing address, if applicable:		至一				
(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		s, enter the name of the new registe				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida str	eet addrexs				
	, 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 t 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MAR	Yasmina Martin Garcia	16112 4th street E	½ 3Add
		Redinaton Beach, FL 33708	□Remove
			Change
			□Add
			Remove
			□Add
			Remove
			DChange
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	7
lf an cf Note:	(optional) fective date, if other than the date of filing:
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	<u>Hay 22nd</u> . 2020
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee