



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : TAXLERF.COM INC Admonat Murbar : 128148202084 Paone : (305)541-3980 Pax Number : (888)772-8108

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

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Email Address:

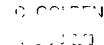
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OWN FINE ARTS LLC

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age Count	03	
Stimated Charge	\$25.00	

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2010 "" 21 PH 2:55

(A Florida Lie	Company as it now appears on our records.) inted Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on 07/13/2020	and assigned	
Florida document number 1.20000202453			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	Hiability company here:		
OMN FINE ARTS 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 ADDRES	•••		
Timepai office address biest be A STREET ADDRES	<u>SI</u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered		nter the name of the	
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:			
New Registered Office Address:			
	Ester Florida street address		
	Florie		
	Cay	ta <u>Zip Code</u>	

being filed to merely reflect a change in the registered office address. Thereby 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 fifte, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			☐ Change
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			☐ Change
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Note:	(optional) [cetive date is 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t sent's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	july 21th , 2020
	1 modernay

Typed or printed name of signee