# 12000268368

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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### Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/06/2021	**WALK	[N##
ENTITY NAME LEADING	REVOLUTION USA, LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxx	Plain Copy Certified Copy Certificate of Status	
***PL	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments  Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION NUMBER OF CERTIFICATION		
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	above number for any issues or concerns. Thank you so much!	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leading Revolution USA, LLC	
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L20000268368</u>	ompany were filed on 09/04/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
Johnny Warhol USA LLC	
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR.	<u>ESS)</u>
Enter new mailing address, if applicable:	2821 J
(Mailing address MAY BE A POST OFFICE BOX)	
	do -
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter the name of the ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the fitle, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□ Remove
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ective date, if other than the effective date is listed, the date in this lument's effective date on the	lock does not meet the	applicable statuto	ing or more than 90 day ry filing requiremen	(optional) is after filing.) Pursuant to is, this date will not be	o 605.01 e fisted
record specifies a delaye he 90th day after the re		out not an effec	ctive time, at 12	:01 a.m. on the e	arlier
January 5	2021	······································			
	Signature of a member	_	····		_

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Filing Fee: \$25.00