# 1200062168368

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TO THE ALIONA

## Sunshine State Corporate Compliance Company

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

DATE 11/15/2021	_			
			<b>₩</b> ALK	
ENTITY NAME Johnny	Warhol USA LLC			
DOCUMENT NUMBER				
	**PLEASE FILE THE ATTAC	PHED AND RETURN**		
xxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
<b>*</b> :	PLEASE OBTAIN THE FOLLOWING Certified Copy of Arts & Amend	•		
	Certificate of Good Standing			
	**APOSTILLE' / NOTARIA	L CERTIFICATION**		
COUNTRY OF DESTINA	TION			
NUMBER OF CERTIFICA	TES REQUESTED			
TOTAL OWED \$25		ACCOUNT #: I2016000007	<u></u>	
		5 8 7/10		
Please call Tina at t	he above number for any issu	es or concerns. Thank you s	o much!	

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnny Warhol USA LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company	were filed on		_ and a	ssigned
orida document number L20000268368				
nis amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
ohnny Warhol International LLC				
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbre	via <u>tie</u> n '	L.L.C."
nter new principal offices address, if applicable:	6700 150th Avenue North, #523	ZCR.	=======================================	******
rincipal office address MUST BE A STREET ADDRESS)	Clearwater, FL. 33764		- FE	ىد
			כנו	
			::2	•
nter new mailing address, if applicable:	6700 150th Avenue North, #523	: :-	<b>cu</b> cù	
Tailing address MAY BE A POST OFFICE BOX)	Clearwater, FL. 33764		(V)	
,				
If amending the registered agent and/or registered office a ent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the</u>	e name o	of the n	ew regis
<del> </del>	1,-			
New Registered Office Address:	Enter Florida street address		_	
	, Floric	da		
	City	·	Zip Cod	i,

#### 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John T. Chafin II	6700 150th Avenue North, #523	□Add
		Clearwater, FL. 33764	□Remove
			<b>☐</b> Change
			□Remove
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etive date, if other than the date of effective date is listed, the date must be speci e. If the date inserted in this block does iment's effective date on the Department	rfic and cannot be prior to date of file s not meet the applicable statutor		r filing,) Pursuani to 605.0
ord specifies a delayed effective date, b filed.		l a.m. on the earlier of: (l	b) The 90th day after
November 12	. 2021		
1 CVI			