

L20000338446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

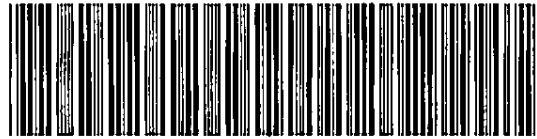
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300363045223

04/07/21--01016--009 \*\*30.00

FILED  
2021 APR -7 PM 3:03  
CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

JS  
5/26/21

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ROBIN J. ARTISTRY, 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:

ROBIN LITTLES

Name of Person

Firm/Company

4400 NW 39TH AVE APT 371

Address

GAINESVILLE, FL 32606

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN LITTLES

386

266-9277

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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

FILED  
2021 APR -7 PM 3:03  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ROBIN J. ARTISTRY

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2020 and assigned  
Florida document number L20000338446.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: ROBIN LITTLES

New Registered Office Address: 4400 NW 39TH AVE, APT 371  
Enter Florida street address

GAINESVILLE, Florida 32606  
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.*

 (I accept)  
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>                              | <u>Type of Action</u>                      |
|--------------|---------------|---|--|
| MGR          | ROBIN LITTLES | 4400 NW 39TH AVE. APT 371 GAINESVILLE, FL 3 | <input checked="" type="checkbox"/> Add    |
|              |               | Gainesville, FL 32606                       | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input checked="" type="checkbox"/> Change |
|              |               |   | <input checked="" type="checkbox"/> Add    |
|              |               |   | <input checked="" type="checkbox"/> Remove |
|              |               |   | <input checked="" type="checkbox"/> Change |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |

SECTION 7 OF STATE  
ELECTIONS  
2021 APR - 7  
3:00

27 APR -7 PM 3:00  
OFFICE OF THE  
SHERIFF  
COUNTY OF LOS ANGELES

FBI - FBI  
 APR - 7 PM 3:00  
 APR - 7 PM 3:00  
 APR - 7 PM 3:00

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH 24 2021

Reba James

Robin James

Typed or printed name of signee