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| (Requestor's Name)                      |
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| (Address)                               |
|                                         |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|                                         |
| PICK-UP WAIT MAIL                       |
|                                         |
| (Business Entity Name)                  |
|                                         |
| (Document Number)                       |
|                                         |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Artistichly In Motion 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LAKEISHA (); IIS Name of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Artistically In Motion LCC Firm/Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1141 KENDALL TOWN BLUD # 2208 Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| JACKSONU. 1/2   FL 32225  City/State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| City/State and Zip Code  / A Kersha. Willis 150 smg. /. Com  E-mail address: (to be used for future annual report notification)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| For further information concerning this matter, please call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| LA KEISHA Willis 214 931-0574 Name of Person Area Code Daytime Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Name of Person Area Code Daytime Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Enclosed is a check for the following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| \$\sum_\$ \$25.00 Filing Fee \$\sum_\$ \$\$30.00 Filing Fee & \sum_\$ \$\sum_\$ \$\$55.00 Filing Fee & \sum_\$ \$\$Certificate of Status \$\sum_\$ \$\$ Certificate of Status \$\sum_\$ \$\$ |

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Artistically IN Me                                                                                               | otion LLC                                                          |                            |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------|
| (Name of the Limited Liability Co<br>(A Florida Lin                                                              | ompany as it now appears on our records.) nited Liability Company) |                            |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number $\underline{L200037370}$ |                                                                    | and assigned               |
| This amendment is submitted to amend the following:                                                              |                                                                    |                            |
| A. If amending name, enter the new name of the limited                                                           | <del></del>                                                        |                            |
| KONSCIOUZ KrEATIONZ The new name must be distinguishable and contain the words "Limited"                         | Liability Company," the designation "LLC" or the                   | ne abbreviation (L.IC."    |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)         | s) ///                                                             |                            |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                            |                                                                    | 2021 HAR - 1               |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here:   | fice address on our records, <u>enter the n</u>                    | name of the new registered |
| Name of New Registered Agent:  New Registered Office Address:                                                    | TA                                                                 |                            |
| /                                                                                                                | Enter Florida street address                                       |                            |
|                                                                                                                  | Ciry                                                               | Zip Code                   |

## New Registered Agent's Signature, if changing Registered Agent:

I necess accept the appointment as registered agent and agree to act in this capacity. I Juriner 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 obtigations of my position as registered agent as provided for in Chapter 600, r.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, 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>                           | Address     | Type of Action |
|--------------|---------------------------------------|-------------|----------------|
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| lective date, if a<br>n effective date is li | rher than th<br>sted the date m        | e unite m in | ing:          | e prior la        | date of filing | a or more the      | en (W) dans   | nuinnai,    | \ Dummant t | 605 020 <b>7</b> |
| ote: If the date in cument's effective       | serted in this b                       | dock does no | ot meet the : | applicabl         | e statutory    | filing requ        | iirements     | . this date | wili not be | e listed as      |
|                                              |                                        |              |               | <b></b> ,         |                |                    |               |             |             |                  |
| ecord specifies a c<br>is filed              | delayed effecti                        | ve date, but | not an effec  | tive time         | , at 12:01 a   | a.m. on the        | earlier o     | f: (b) Th   | ie 90th day | after the        |
|                                              | ,                                      | 1            |               |                   |                |                    |               |             |             |                  |
| ted 7                                        | Februik,                               | 1 3/5/       |               | 2/                | 1.1            |                    |               |             |             |                  |
|                                              | 24                                     | Xev.         | Ja A          | Jell              | 1/2            |                    |               |             |             |                  |
|                                              | <del>-</del> : -                       | -            | f a member o  |                   | •              |                    |               |             |             |                  |
|                                              |                                        | /A K         |               | -1,1,1            | lis            |                    |               |             |             |                  |