

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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	Office Use Only	7 01100100





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHNOART STUDIO LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on <u>02/04/20</u>)21	and assign	ed
Florida document number 1.21000061156				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designe	tion "LLC" or the abb	reviation "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)				
	<u></u>			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name</u>		gistered
agent and/or the new registered viries and easier.			2.1	
Name of New Registered Agent:				<u>(*)</u>
New Registered Office Address:	Enter Florida st	reet address		
	<u> </u>			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MATA, VERONICA		□Add
			≣ Remove
			□Change
MGR	VIVAS, EDWIN E	10294 Nw. 88th Terrace	■Add
		10294 Nw. 88th Terrace Doral, A. 33178.	□Remove
		□Change	
			——□Add Ø
			□Remove
			□Remove
			Change
			□ Add
		□Remove	
			Change
			□Add
			□Remove
			□ Change

3	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date	te, if other than the date of filing: (optional)	
If an effective da Note: If the da	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ffective date on the Department of State's records.	52 0 7 (3) I as the
ne record specifiord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	August 11 , 2021	
	Signature of a member or authorized representative of a member	
	Edwin Vivas	
	Typed or printed name of signee	