L21000091759

(Requestor's Name) (Address)	3003
(City/State/Zip/Phone #)	07/30/2
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations	,	\$		
CUBIC	Artsy Shma	rtsy, LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing,			
Please t	return all correspon	ndence concerning this matter	to the following:			
		Michael Edelberg				
			Name of Person			
		Artsy Shmartsy, LLC				
			Firm/Company	_		
		13011 SW 40th St.				
			Address			
		Davie, FL 33330				
			City/State and Zip Code			
		michaeledelberg@gmail.co	m to be used for future annual report no	tification)		
For furt	her information co	oncerning this matter, please c	-			
Lisa La			954 604-2898 at ()		A	
	Name of	f Person	Area Code Daytii	me Telephone Number	ζ.	(,
Enclose	ed is a check for th	e following amount:			, ,	
□ \$ 25	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional copy	f Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artsy Shmartsy, LLC					
(<u>Name of the Limited Liab</u> (A Flori	ility Compa ida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Florida document number L21000081759	Company	were filed on $\frac{02/1}{2}$	7/2021	and assig	med
	<u> </u>				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the li</u>	mited liab	oility company her	<u>e</u> :		
he new name must be distinguishable and contain the words "Li	imited Liabi	ility Company," the des	signation "LLC" or the	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADL	DRESS)				
			· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or register gent and/or the new registered office address here Name of New Registered Agent:		address on our red	cords, <u>enter the na</u>	me of the new	registere
New Registered Office Address:				•	
		Enter Florid	la street address	, ,	
			, Florida _	9	
		City		Zip <u>Co</u> de	
ew Registered Agent's Signature, if changing Register	red Agent:				•
			pacity. I further a	(1)	-

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
AMBR	Lee, Michael	1302 WINDSOR LANE, WESTON, FL 33327	□Add
			■ Remove
			□Change
AMBR	Lee, Lisa	1302 WINDSOR LANE, WESTON, FL 33327	🖺 Add
			□ Remove
			□ Change
			□Add
			□Remove
			(`) □Change
			Remove
			N ———Change
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Tective date, if other than the d	ate of filing:		(antional)	=
an effective date is listed, the date must be ote: If the date inserted in this blocument's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	ole statutory filing requires	(optional)) days after filing.) I nents, this date w	Pursuant to 605.020 vill not be listed a
ecord specifies a delayed effective of is filed.	late, but not an effective tim	e, at 12:01 a.m. on the ear	lier of: (b) The	90th day after the
	2021			
ated		- :		
ated July, 27	$\frac{1}{\sqrt{1-1}}$, $\frac{2021}{1-1}$	• •		
Mw	gnature of a member or authori	2nd representative of a second		

Filing Fee: \$25.00