Division of Corporations Electronic Filing Cover Sheet

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(((H21000219227 3)))



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Division of Corporations

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From:

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : I20040000071

: (561)624-2001

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 62

13710 ARTISAN CIRCLE HOLDINGS, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H21000219227 3)))

13710 ARTISAN CIRCLE HOLDINGS, LI		
(Name of the Limited Liabi) (A Flord	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on May 27, 2021	and assigned
Florida document number L21000248368		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
ARTISAN CIRCLE HOLDINGS, LLC	· 	
The new name trust be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	· · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	v_2	Feg. ~2
B. If amending the registered agent and/or registere	d office address on our records, <u>enter the na</u>	
agent and/or the new registered office address here:		AND THE THE PROPERTY OF THE PR
		FILE 1-2
Name of New Registered Agent:	·	
New Registered Office Address:		Fig. 3
	Enter Florida street address	17A1 OR11
	Florida	Çam Ga
	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.

If Changing Registered Agent, Signature of New Registered Agent

□ 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 = M $AMBR = A$	lanager .uthorized Member	er rized Member (((H21000219227 3)))	
Title	Name	Address	Type of Action
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			□Change
			□Add
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Sign	attire of a member or author	orized representative of	ı member	CORIO	H: 33	

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