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JUN 1 . 2021

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	17+54 Party Name of Limi	LLC.	
	/ Name of Limi	пед Главину Соптрану	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Larry	Wells JR. Name of Person	
	Artsy A	Party CCC Firm/Company	
	19242	Nw 23 ^{cd} C+	
	Miami Gar Artsy Party	City/State and Zip Code L J , S L 4 & 9 mail to be used for future annual report notifi)56 /. (dm cation)
For further information co	oncerning this matter, please ca	all:	
	-	at (<u>786)</u> <u>660</u> Area Code Daytime	- 4016 Telephone Number
Enclosed is a check for th	c following amount:		
□ \$25.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artsy Pa	My LLC	
(Name of the Limited I (A)	lability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on <u>June 07,</u> 2118	202 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or reginagent and/or the new registered office address h	stered office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	27 5
	, Flori	da
_	Ciţ	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 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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Larry wells JR	19242 Nw 23 Cd CT Miami, Gardens, Fl 33	IDAdd
		Miami, Gardens, Fl 33	2056 □Remove
			□ Change
AMBR	Erika shylaine Miller	3687 E Citrus Tree Drivie	□ Add
		FL 33328	□Remove
			Thange
			□Add
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☐ Change

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	Please include the Following IN # 87-1137357
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effecti	date, if other than the date of filing:
e; If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
umem	S effective date on the Department of State 5 feetstass
ro m l s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
filed	
	T a 110
ed	June 14 , 2021.
	Signature of a member or authorized representative of a member
	(avy wells JR. Typed or printed name of signce

1711 IC #35.00