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(F	Requestor's Name)	
	Address)	
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☐ PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
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(L	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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US 10/23/21

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 1275	54/CE19		,
Subject:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspor	idence concerning this matter	r to the following:	
	ANN	A ZUCKER Name of Person	
		Name of Person	2021 SEC
	ARTHO	USE 19	ALL ALL
		Firm/Company	
	(5433	Address	2021 OCT 14 PM 4: 02 SEGRETARY OF STATE TALL/AN/SSEE. FL
	WINTER (GAPDEN 11. 3/	1784 PA 8
	ANNASZUC E-mail address:	KER (a) G MA; (to be used for future annual report notifi	L - COM)
For further information ed	oncerning this matter, please	call:	
AWNA Name of	200KER	at (473) <u>550</u> Area Code Daytime	Telephone Number
Enclosed is a check for the \$25,00 Filing Fee	e following amount: \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTSPACE 19		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on I Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2100040246</u> 7	y were filed on <u>09</u> 1	10/2021 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ARTHOUSE 19 LIMITED L	LIABILITY	COMPANY
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the design	nation "LLC" or the abiffer intians "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		FIAI FER
(Mailing address MAY BE A POST OFFICE BOX)	 	m 10
B. If amending the registered agent and/or registered office	address on our recor	ds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address;		
	Enter Florida s	reet address
		, Florida
	City	Zip Code
M TS Committee A committee of the commit		

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANNA ZUCKER	15433 POPTER PD	X Add
		NINTER GARDEN FL	34737
			□Change
			□Add
		SECRE	□ Remove 2021 00 □ ○ Transite
		TARY OF STATE	2021 OCT 1 1, PM 4: 02
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If an effective of	date is listed, the o	an the date of	fic and cannot be	prior to date of li	ling or more than 9	(option	ing.) Pursuant t	o 605.0207
document's	affective date of	n the Departmen	it of State's rec	ords.	ory filing require	ments, tins u	ate will not no	e usica as
d is filed.)1 a.m. on the ea		The 90th day	after the
Dated	0 8	2021	J	C Ju	Sentative of a men			
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