121000428646

| (Requestor's Name) | |
|-----------------------------------------|----------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | <u>.</u> |
| Certified Copies Certificates of Statu | ıs |
| Special Instructions to Filing Officer: | |
| | |
| | |
| | |

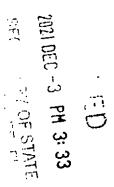
Office Use Only

A. RIVERS
DEC 1 6 2021



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| то: | Registration Sec Division of Corp | | • | • |
|----------------|--------------------------------------|------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 63 (IB 4E: Z | | EALITY LLC | • | ı |
| SUBJEC | .l: | Name of Limi | ted Liability Company | |
| The encl | osed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspoi | ndence concerning this matter t | to the following: | |
| | | YULIYA VERASKOUSK | AYA | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 2021 MERIDIAN AVE.#4 | | |
| | | | Address | |
| | | MIAMI BEACH, FL 33139 |) | |
| | | | City/State and Zip Code | |
| | | E-mail address: (t | o be used for future annual report notif | ication) |
| For furth | ner information co | oncerning this matter, please ca | 111: | |
| INNA E | RLIKII | | 954 646-2777 | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed | d is a check for th | e following amount: | | |
| □ \$ 25 | .00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address | | Street Address: | otion |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 DecuSign Envelope ID: F24ABF4C-25D0-4F9D-8645-D8D975FE0C9D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ART PROREALITY LLC | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| (Name of the Limit | ed Liability Company as It now appears (A Florida Limited Liability Company) | in our records.) |
| The Articles of Organization for this Limited Li Plorida document number <u>L21000428646</u> | | 2021 and assigned |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name o | f the limited liability company her | <u>ç</u> ; |
| The new name must be distinguishable and contain the v | vords "Limited Liability Company," the des | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address. | registered office address on our re | cords, enter the name of the new registered |
| Name of New Registered Agent: | 3800 S OCEAN DR.#216 | 20 |
| New Registered Office Address: | * : * : | la street address |
| | HOLLYWOOD | Astreet address Florida 33019 |
| | Стр | Zip Sode |
| New Registered Agent's Signature, if changing | Registered Agent: | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this | per und complete performunce of the street agent as provided for in Congistered office address, I hereby schange. | ny duties, and I am famili es with and hapter 605, F.S. Or, Filhis document is |

GocuSign Envelope ID: F24ABF4C-25D0-4F9D-8645-D8D975FE0C9D

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> | <u>Address</u> | Type of Action |
|--------------|----------------------|-----------------------|----------------|
| AMBR | YULIYA VERASKOUSKAYA | 2021 MERIDIAN AVE,#4 | □Add |
| - | | MIAMI BEACH, FL 33139 | ■Remove |
| | | | ①Change |
| | | | □Add |
| | | | ПRеточе |
| | | | Change |
| | | | □Add |
| | | | □ Петюче |
| | | | □Change |
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| ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Decement's | ock does not meet the a | applicable statute | ing or more than 90 da ry filing requiremen | (optional) ys after filing.) Pursuan nts, this date will not | t to 605,020 be listed as |
| journem 5 effective date on the 176 | putilities of diane 3 fe | | | | |
| record specifies a delayed effective is filed. | e date, but not an effec | etive time, at 12:0 | l a.m. on the earlie | r of: (b) The 90th d | ay after the |
| November 29th | 2021 | · | | | |
| | | r· | | | |
| | — DocuSigned by |) - | | | |
| | 1 | | antarity of a second- | | <u> </u> |
| | Signantic of a member of 32DAF9855003 | raskowskaya or authorized repres | emative of a member | ***** | |