L21000463402

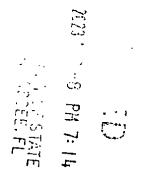
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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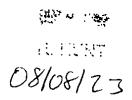
Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			
ALEXIS R			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEXIS ROJAS		
		Name of Person	
		Firm/Company	
	11325 NW 34TH PL		16-3 1
		Address	. ,
•	SUNRISE FL 33323		<u> </u>
	ALEXIS_05044@HOTMA	City/State and Zip Code IL.COM	PH 7: In the lift cation)
For further information c	E-mail address: (to be used for future annual report not	ification)
ALEXIS ROJAS	oneering this matter, preuse to	954 6294858	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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 Addres		<u>Street Address:</u> Registration Sc	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	2.7	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEXIS ROJAS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/25/2021 and assigned Florida document number L21000463402 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ARTZONE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

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>	Name	Address	Type of Action
			□Remove
		wi-	□Change
			□Add
			□Remove
			□Change
			Add
			☐ Remove
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			11	4	
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fective date, if other than the date of filing:		(optional)	
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to other. If the date inserted in this block does not meet the applicable cumpert's affective date and the D	date of filing or	more than 90 day	s after filing	,.) Pursu	ant to 605.(
cument's effective date on the Department of State's records.	no standiony in	ing requirement	is, tills date	. will 10	n be fister
ecord specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m	. on the earlier	of: (b) T	he 90th	day after
is med.					
ited JULY 31ST 2023					
	. •				
Signature of a member of authorize	۵				