

h21 000 529 161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

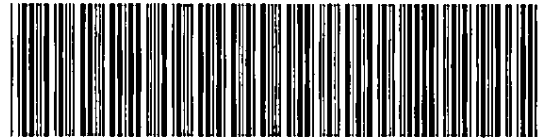
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900390554149

07/11/22--01017--012 **30.00

FILE
2022 JUL 11 PM 5:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

SEP 28 2022

J. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MFB Artistry LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine Gutierrez
Name of Person

MFB Artistry LLC
Firm/Company

8285 Settlers Creek Loop
Address

Lakeland FL 33810
City/State and Zip Code

mfbartistry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Gutierrez at (917) 272-4574
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

MFB Artistry 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 12/16/2021 and assigned
Florida document number L21000589161.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Multifaceted Artistry LLC
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

533 Cagan Park Ave, Ste 310
Clermont FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8285 Settlers Creek Loop
Lakeland, FL 33810

B. If amending the registered agent and/or registered office address on our records, 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:

533 Cagan Park Ave, Ste 310
Enter Florida street address
Clermont, Florida 34714
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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

June 30th, 2022

Christine Gutierrez
Typed or printed name of signer

Typed or printed name of signee

STAL
TALLHESSE, FLORIDA

2022 JUL 11 PM 5:11

19

Filing Fee: \$25.00