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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration So Division of Con				
SUBJECT:	Artands	ion LLC		
., дованет.	<u></u>	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:		
	Molioma	red Ali	Gadiaka	
		-tandgem Firm/Company		
	76 universe	al Zrail		- : - :
	falm Coa	est, 7L 32	164	· · · · · · · · · · · · · · · · · · ·
	Palm Coa maligadialo	City/State and Zip Code G G Frank. To be used for future annual	Correct rotification)	_
For further information c	concerning this matter, please ca			
M. Ali	Graliaba	at (786)	3933744 Daytime Telephone Num	hur.
ranc c	ar reison	Area Couc	Daytine Pelephone (van)	
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	\$\$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en	Certifi (closed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Addres		Street A		
Registration : Division of C		~	ration Section on Of Corporations	
P.O. Box 632			entre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artandgen l	_L C	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our recor- ty Company)	<u>'ds.</u>)
he Articles of Organization for this Limited Liability Company were	filed on 1 – 11 – 2	022 and assigned
lorida document number <u>L 22000625284</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
Art and Gem LLC		
ne new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLt	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		i ,
Principal office address MUST BE A STREET ADDRESS)		
<u> </u>		<u> </u>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office addregent and/or the new registered office address here:	ess on our records, <u>enter</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	288
	r.	lorida
·	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

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
<u></u>			□Add
			□Remove
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Note: If the date:	f other than the da listed, the date must be inserted in this block ive date on the Depa	k does not meet the	: applicable stati	filing or more than story filing requir	(optiona 90 days after fili ements, this da	al) ng.) Pursua nte will no	ant to 605 of be list	5.0207 ed as
record specifies a d is filed.	a delayed effective d	ate, but not an effe	ctive time, at 12	2:01 a.m. on the c	arlier of: (b)	The 90th	day afte	r the
	il 14th	2025						
Dated AP2								
Dated April		gnature of a member	or methorized rep	resentative of a me	mber			