L22000141478

(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



06/13/22--01041--001 ++25.80

ZOZZ JUN 13 AM 8: 43

COVER LETTER

TO: Registration Section

Division (of Corporations .
SUBJECT:	ART- HARBOUR USA LLC
50bjeci	Name of Limited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are submitted for filing.
Please return all co	prrespondence concerning this matter to the following:
	LORLINA PARDO. Name of Person
	Varyus Gostala - Rasa GH, P. A.
	2999 NE 191 Steet # 403
	* *************************************
	Aventura FL 33180 City/State and Zip Code LP & closingsinfl. com.
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informs	ation concerning this matter, please call:
	Name of Person at (305) Area Code Daytime Telephone Number
/	k for the following amount:
划 \$25.00 Filing	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 \text{ Filing Fee,}\\ Certificate of Status & Certified Copy \\ (additional copy is enclosed) \\ Certified Copy \\ (additional copy is enclosed)
Division P.O. Bo	ation Section Registration Section n of Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 13 AM 8: 43

ART- HARBOUR USA LLC

TALLAHASSEE, FI

(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 03/22/2022 __ and assigned L22000141478 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 registered 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

Title	<u>Name</u>	<u>Address</u>	Type of Action		
<u>AMBR</u>	ARTUSA, JUAN IGNACIO	7601 E TREASURE DR, #1922, NORTH BAY	⊠Add		
		VILLAGE, FL 33141	□Remove		
			Change		
			□Add		
			□Remove		
			Change		
	· · · · · · · · · · · · · · · · · · ·		□ Add		
			Remove		
			Change		
			□Add		
			Remove		
			□Change		
			□Add		
			□Remove		
			Change		
			🗆 Add		
			□Remove		
			□ Change		

	<u> </u>						-			
	<u>-</u>									
-				_						
	_									
			_				_			
				<u></u>						
	_	_						(A)	2(
							ĪĀ		لا 2202	227
			•). D.		Z	<u>س</u>
							7	3.0	—⇔—	· 11
			_ _		<u>-</u>			1 _{0:}	₩ 8:	
		_ _	-				-:	9 <u>5.</u>		
			_		<u> </u>					
			-							
										_
_										
ective date, if other than the dat effective date is listed, the date must be	e of filing	g:	en meios to o	ote of filing	or more than	(opt	ional)	remar	nt to 604	ร ถวก
te: If the date inserted in this block	loes not r	nect the	applicable	statutory	filing requi	rements, th	is date w	ill not	be list	.cd a
cument's effective date on the Depar	ment of a	state s re	corus.							
ecord specifies a delayed effective da	e, but not	t an effec	ctive time	, at 12:01 a	.m. on the	earlier of: (b) The	90th d	lay afte	r the
s filed.										
acd The 6 +17		20	. /550							
			7			•				
		1		\sim	ative of a m					

Filing Fee: \$25.00