## 422 000 194 792

(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:
,
<u> </u>

Office Use Only

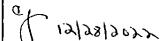


900395311909

10/03/22--01020--025 \*\*25.00

PILED

2022 OCT -3 AM 7: 53



## COVER LETTER

TO:

	porations		
SUBJECT: 7	HE ARTIS	ST'S COTTAG	at LLC
	Name of Lim	ited Liability Company	
THE ARTIST'S COTTAGE 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:  AMY LATSON  Name of Person  THE ARTIST'S COTTAGE LLC  Finn/Company  6940 Poin Setta Ave.  Address:  Longboat Key, FL 34228  City/State and Zip Code  amylarsonlbk@gmail.com  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Amy LarSon  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Amy LarSon  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Amy LarSon  Street Address:  Registration Section  Mailing Address:  Registration Section  Registration Section			
Please return all correspond	indence concerning this matter	to the following:	
	Ar	ny Larson	
THE ARTIST'S COTTAGE LLC  Firm/Company  6940 Poinsetta Ave.  Address			
		_	
		Address	
	Lon	gboat Key, F	=L 34228
	<del></del>	City/State and Zip Code	٠.
	an	nylarson lbk @ o	gmail.com
	E-mail address: (	to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca	all:	
Amyl	_ ar Son	at (941) 400 Area Code Daytime To	- 639 2_clephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			on.
		Division of Corpo	
P.O. Box 632	-	The Centre of Tall	
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	OTTAGE LL C 2022 OCT -3 AH 7:53
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)  TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 2 2 0 0 0 1 9 4 7 9 2</u>	vere filed on April 23, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile  Amy Miami Beau  The new name must be distinguishable and contain the words "Limited Liability and contain the words "Liability and contain the words" "Liability and contain the words "Liability and contain the	h LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	SOULDAND Longboat Key, FL
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1521 Alton Rd. Stelessa PMB # 260 Miami Beach, FL 33139
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: Ub Ma	of Kateer n/a
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Address	Type of Action
			∐Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change

## Page 2 of 3

• -	
_	
_	
_	
_	
-	
_	
_	
_	
_	
_	
_	
ote:	we date, if other than the date of filing: 9/19/22 (optional) etive 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated_	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Amy Lar Son
	Fi .