42200262057

| (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: | |
| | |
| | |
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration Se Division of Cor | | | | |
|--|--|---|------------------|--------------|
| | ATELI CUSTOM ART PRINT | S, LLC. | | |
| SUBJECT: | Name of Limi | ted Liability Company | | |
| The contract to the last of | Amendment and fee(s) are sub- | mitted for filing | | |
| | endence concerning this matter | | | |
| | JOSE H. ESCAMILLA | | | |
| | | Name of Person | | |
| | BELINAMATELI CUSTO | M ART PRINTS, LLC. | | |
| | | Firm/Company | | |
| | 1080 NW 127 PL | | | , č69 |
| | | Address | | |
| | MIAMI, FLORIDA 33182 | | | - |
| | | City/State and Zip Code | | 31.1 1 |
| | escamillajose33@gmail.com | | | 7: 1: |
| | | to be used for future annual report notifi | cation) | .; 0 |
| For further information c | oncerning this matter, please ca | all: | | |
| Jose H. Escamilla | | 786 6231449 at () | | |
| Name o | f Person | Area Code Daytime | Telephone Number | |
| 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 enclosed) | Certified C | of Status & |
| | | | | |
| Mailing Address Registration | | <u>Street Address:</u> Registration Sec | tion | |
| Division of C | Corporations | Division of Corp | orations | |
| P.O. Box 632 | 27 | The Centre of Ta | allahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Belinamateli Custom Art Prints, LLC. | | | | |
|---|---|------------------------|------------------|---------|
| (Name of the Limited Liability Comp (A Florida Limited | o <mark>any as it now appears on ou</mark> (Liability Company) | r records.) | | |
| The Articles of Organization for this Limited Liability Companification for this Liability Companification for the Liability Companification for this Liability Companification for the Liability Companification for this Liability Companification for the Liability Companification for the Liability Companification for this Liability Companification for the Liability Companification | and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| | hility company horos | | | |
| A. If amending name, enter the new name of the limited lia | omty company nere: | | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation | on "LLC" or the abbrev | viation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | <u></u> | | 21.99 | |
| | | | 2 | |
| no de la constanta | | | 1 | 1 |
| Enter new mailing address, if applicable: | | | · | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> | · Tra | 1 |
| | | , | —— 9 | |
| B. If amending the registered agent and/or registered office | address on our records | , enter the name o | | gistere |
| agent and/or the new registered office address here: | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida stree | et 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 |
|--------------|--------------------|----------------------------------|--|
| AMBR | Jose II. Escamilla | | |
| | | | □Remove |
| | | 1080 NW 127 PL., Miami, FL 33182 | ≡ Change |
| AMBR | Jennifer K. Davila | | □Add |
| | | 1080 NW 127 PL., Miami, FL 33182 | ■Remove |
| | | | □ Change |
| | | | DAdd |
| | | | Remove |
| | | | Change 7 |
| | | | 7. ———————————————————————————————————— |
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| fective date, if other than the effective date is listed, the date in ote: If the date inserted in this is cument's effective date on the | block does not | t meet the applic | able statutory ti | r more than 90 day ling requirement | (optional) s after filing.) Poss, this date wi | ursuant to 605.02 not be listed |
| ecord specifies a delayed effect is filed. | ive date, but n | ot an effective t | ime, at 12:01 a.i | n. on the earlier | of: (b) The 9 | 0th day after th |
| June 27 | | 2022 | · | | | |
| | | 7/1/ | | | | |
| | | - // / | | | | |