

L22000292995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

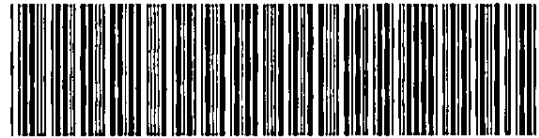
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12/15/22--01009--010 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Five Arts 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:

Christopher A. Nolin

Name of Person

Five Arts LLC

Firm/Company

301 Mission Drive #1497

Address

New Smyrna Beach, FL 32170

City/State and Zip Code

Nolindrums@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Nolin

386 690-0209
at ()

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**

Five Arts 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 29 June 2022 and assigned
Florida document number 1.22000292995

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 "LLC."

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)

FIVE ARTS LLC

P.O. BOX 1497

NEW SMYRNA BEACH, FL 32170

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

City, Florida

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>	<u>Type of Action</u>
MGR	Christopher Nolin	301 Mission Dr, #1497	<input checked="" type="checkbox"/> Add
		New Smyrna Beach	<input type="checkbox"/> Remove
		FL 32170	<input type="checkbox"/> Change
AMBR	Christopher Nolin	301 Mission Dr, #1497	<input checked="" type="checkbox"/> Add
		New Smyrna Beach	<input checked="" type="checkbox"/> Remove
		FL 32170	<input type="checkbox"/> Change
PRES	Christopher Nolin	301 Mission Dr, #1497	<input checked="" type="checkbox"/> Add
		New Smyrna Beach	<input checked="" type="checkbox"/> Remove
		FL 32170	<input type="checkbox"/> Change
OWNER	Christopher Nolin	301 Mission Dr, #1497	<input checked="" type="checkbox"/> Add
		New Smyrna Beach	<input checked="" type="checkbox"/> Remove
		FL 32170	<input type="checkbox"/> Change
AUTHORIZED REPRESENTATIVE	CHRISTOPHER NOLIN	301 MISSION DR. #1497	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTHORIZED PERSON	CHRISTOPHER NOLIN	301 MISSION DR. #1497	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32170	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

~~Please add Mr. Christopher Nolin as Owner, President, and Sole Proprietor of Five Arts LLC.~~

E. Effective date, if other than the date of filing: _____ (optional)

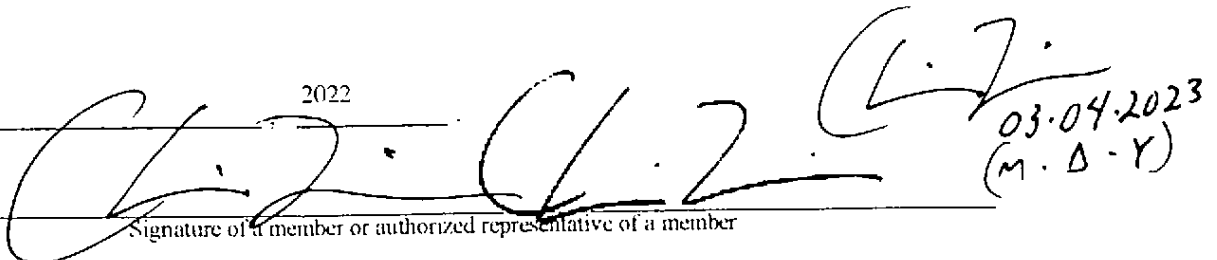
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

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.

Dated 11 December

2022


Signature of a member or authorized representative of a member

Christopher Nolin

Typed or printed name of signee

03.04.2023
(M.D.Y)