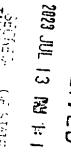
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(Req	uestor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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S. ROBERTS JUL 1 4 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 07/13/2023	_		⇔WALK IN*
ENTITY NAME Art of F	inance, LLC		
DOCUMENT NUMBER_			
	PLEASE FILE 1	THE ATTACHED AND RETURN	
	Plain Copy		
	Certified Copy		
XXXXX	Certificate of Status	P	
	Certified Copy of Ar Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT NUMBED DE CEPTIFICA			
NUMBER OF CERTIFICA	TES KLEULSILV		
TOTAL OWED \$30		ACCOUNT #: I2016000007	72
		S. 87/10	
Please call Tina at t	the above number for	r any issues or concerns. Thank you s	so much!

COVER LETTER

TO:

	istration Sec ision of Corp		
0148 1114	ART OF FI	NANCE, LLC	
SUBJECT:		Name of Lim	nited Liability Company
The enclosed	l Articles of a	Amendment and fee(s) are sub	omitted for filing.
Please return	all correspon	ndence concerning this matter	to the following:
		DANIEL SOKOLOFF, CF	PA, PA
			Name of Person
		TAX ADVISORS OF SOU	UTH FLORIDA
			Firm/Company
		715 E. HILLSBORO BLV	D, 2ND FLOOR
			Address
		DEERFIELD BEACH, FL	, 33441
			City State and Zip Code
		DSOKOLOFF@TAXSOF	
		E-mail address: (to be used for future annual report notification)
For further in	iformation co	oncerning this matter, please ca	all:
DANIEL SC	KOLOFF		954 360 - 8477
	Name of	Person	at () Area Code Daytime Telephone Number
Enclosed is a	check for th	e following amount:	
□ \$25.00 F	iling Fec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address gistration S	_	Street Address: Registration Section
Div	ision of Co	orporations	Division of Corporations
). Box 632 łahassec, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
1 31	ramassee, P	し シエジエサ	2415 M. MOMING SHEEL, SHILL OTO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, <u> </u>	Zip Code
	DEERFIELD BEACH	, Florida :	33441
New Registered Office Address:		rida street address	
Now Danierarad Office Address	715 E. HILLSBORO BLVD, 2N	D FLOOR	
Name of New Registered Agent:	DANIEL P. SOKOLOFF, CPA,	РА	
ent and/or the new registered office addi			
If amending the registered agent and/or	registered office address on our i	records, <u>enter the na</u>	ame of the new regis

Mailing address MAY BE A POST OFFICE BOX)			c n
iter new mailing address, if applicable:	<u></u>		
	· · · · · · · · · · · · · · · · · · ·		1.7
rincipal office address MUST BE A STRE			= = = = = = = = = = = = = = = = = = = =
iter new principal offices address, if appl		· · · · · · · · · · · · · · · · · · ·	•
e new name must be distinguishable and contain the		designation "ELC" or the	abbreviation L.L.C."
If amending name, enter the new name			
is amendment is submitted to amend the fo	llowing:		
orida document number L22000407776	·		
ne Articles of Organization for this Limited		09/19/2022	and assigned
(Name of the Lir	nited Liability Company as it now appear (A Florida Limited Liability Company)	irs on our records.)	

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 marifed in writing of this shange.

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>	Address	Type of Action
AMBR	ROGER GOINDOO	16850 COLLINS AVENUE, #112525	≅Add
		SUNNY ISLES BEACH, FL 33160	□Remove
AMBR	ALAN GOINDOO	16850 COLLINS AVENUE, APT#112525	🗆 Add
		SUNNY ISLES BEACH, FL 33160	i=Remove
			[]Change
			□Add
			□Remove
			UAdd
			□Remove
			□ Change
			□Add
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effective (12	ite, if other than th date is listed, the date m	i <b>c date of fili</b> list be specific a	ing: ind cannot be prior	r to date of filing	or more than 90 d:		aspant to 605,020
<u>e:</u> If the	date inserted in this	block does not	t meet the appli	cable statutory	filing requireme	nts, this date wil	I not be listed a
ument s	effective date on the	Department of	f State's records	٠.			
cord spec s filed	rifies a delayed effect	ive date, but n	ot an effective t	ame, at 12:01 a	m, on the earlie	rof (b) Hie 9	Ith day after the
i ilieu							
	July 11		2023				
ed	July 11		2023	<u> </u>			
		Ri	a member or auth				

Filing Fee: \$25.00

Typed or printed name of signee