a Department of State

Division of Corporations Electronic Filing Cover Sheet

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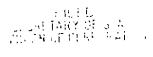
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COVER LETTER

	Registration Se Division of Cor				
CI:DIFC	ART PLUC	3 LLC			
SUBJEC	1; <u></u>	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		LOVETTE DOBSON			
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LOVETTE DOBSON 8884623453 at (
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Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee of Certified Copy (additional copy is enc	losed)	600,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



2022 JAN 19 AM 11: 27

ART PLUC	FLLC	
(Name of the Limited Liability Comparts) (A Florida Limited L	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.23000014742		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil ARTBEAT LLC The new name must be distinguishable and contain the words "Limited Liabil"		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 a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florada street address	
	, Flor	ida
	Cuy	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 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
AMBR MARCEL KATZ	MARCEL KATZ	121 NE 34TH ST	□ Add
		MIAMI, FL 33137	≅Remove
			□Change
			□Add
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	_	☐Change	
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			□Remove
			□Change

(Attach additional sheets, If nécessary.) (
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(optional) yelate of filing or more than 90 days after filing a Pursuant to 605 0207 (3) ble statutory filing requirements, this date will not be listed as the
ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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A-Titibal nzed representative of a member
ribas

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