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2024 J.M. 30 FM 5: 55

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COVER LETTER

TO: Registration Se Division of Cor				
ARTLU GE	ROUP LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	united for filips		
	ndence concerning this matter	- -		
riease return an correspo	ndence concerning this matter	to the following.		
	LOURDES M ALVEZ			
		Name of Person		
		Firm/Company		
	73 NW 30TH ST			
	·	Address		
	MIAMI FL 33127			
		City/State and Zip Code		
	filip413@msn.com			
For further information c	E-mail address: (oncerning this matter, please e	to be used for future annual report nall:	otification)	
LOURDES M ALVEZ		305 8283070		
Name o	f Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration S	Section	
Division of C	orporations	Division of Corporations		
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Mon	FTallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 JUL 30 PM 5: 55

ARTLU GROUP LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on 07/19/2023 and assigned
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 "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent's	gent:

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	ARTUR A SANTOS OLIVEIRA	73 NW 30TH STREET	≣ Add
		MIAMI FL 33127	
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blockweent's effective date on the Department's	ck does not m	ect the applica	ible statutory fil	more than 90 days ing requirements	s, this date will r	uant to 605.0207 (not be listed as t
record specifies a delayed effective d is filed.	date, but not a	an effective ti	me, at 12:01 a.n	i, on the earlier c	of: (b) The 90th	h day after the
Dated	0	2024			_	
)	<u> </u>			
<i>✓</i> /.	, ,	,				
	man of	rember er auch:	rized representati	ve of a member		

Filing Fee: \$25.00