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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : 120170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email:	Address:	r
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ART MIAMI 79 LLC

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Help T. LEMIEUX MAR 13 2024

COVER LETTER

ART MUZ SUBJECT:	MI 39 LLC		*
	Name of Lir	nited Liability Company	
he enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	•
ease return all corresp	ondence concerning this matter	r to the following:	
	KOCHETKOVA, ANAS	TASIA	
		Name of Person	
	ART MIAMI 79 LLC		
		Firm/Company	
	170 NE 79TH ST		
		Address	
	MIAMI, FL 33138		
	ARNKHAM17@GMAIL.0	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
r further information of	concerning this matter, please c	all:	
OCHETKOVA, ANA	STASIA	386 286-0868 at () Daytime	
Name o	d Person	Area Code Daytime	e Telephone Number
closed is a check for t	ne following amount:		
© \$25.00 Filling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (sadmonal copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status of 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

ART MIAMI 79 LUC	
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number L23000404042	
This amendment is submitted to amend the foi	ilowing:
A. If amending name, enter the new name	of the limited liability company here:
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	BOX)
B. If amending the registered agent and/or and/or the new registered office addre	registered office address on our records, enter the name of tile hew registered ss here:
Name of New Registered Agent:	BERTELE, FEDERICO
New Registered Office Address:	2155 WASHINGTON COURT
	Enter Florida street address

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 I ability company has been notified in writing of this change.

Cuy .

Federico Bentele
II Changing Registered Agent. Signature at New Registered Agent

orte

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

E

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KOCHETKOVA, ANASTASIA	15901 COLLINS AVE 2502	D.4dd
	· · · · ·	SUNNY ISLES BEACH, FL 33160	■ Remove
			Remove
			Change
			□ Add
			Change
			□A6d
			Remove
			Change
			□Add
			DRemove
			CChange
·			DAdd
			PRemove

D. If amending any other in	formation, enter change(s) here: (Attach additional sheets, if	necessary.)
^		
		
Note: If the date is listed, the da	n the date of filing: te must be specific and cannot be prior to date of filing or more than 90 days a nis block does not meet the applicable statutory filing requirements, the Department of State's records.	ptional) Ifter filing.) Pursuant to 605,0207 (31(b) this date will not be listed as the
If the record specifies a delayed ef- record is filed.	fective date, but not an effective time, at 12.01 a.m. on the earlier of	(b) The 90th day after the
Dated	2024	
	Federico Bertele	
	Signature of a member or authorized representative of a member	
BERTELE, FEDE		
	Typed or printed name of signee	

Filing Fee: \$25.00