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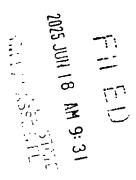
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Artfel Escapes, LC 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:
Amy B. Lind SCY Name of Person
Artful Escapes Firm/Company
2135 Malibu Lake Circle # 1936 Address
Nages, FL 34119 City/State and Zin Code
Mades, FL 34119 City/State and Zip Code Ony beth linds ey @ small. Com E-mail address: (to be used for future anitual report notification)
For further information concerning this matter, please call:
Amy Lindsey at (239), 176-9115 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\times \text{\$30.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations

P.O. Box 6327

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Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Artful Escape	s, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000269093</u> This amendment is submitted to amend the following:	were filed on 6-13-202	1 and assigned
This amenanent is submitted to union the following.		
A. If amending name, enter the new name of the limited liability of the North South Country of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the new name of the limited liability of the new name of the	,	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
N/A		5 -1
Enter new mailing address, if applicable:		1 00 -11
(Mailing address MAY BE A POST OFFICE BOX)		ジューラ
N/A	BOX) registered office address on our records, enter the name of the new registered	
B. If amending the registered agent and/or registered office adapent and/or the new registered office address here:	ddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
NIA	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am f rovided for in Chapter 605, F.S. Or,	amiliar with and if this document is

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
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	\ _ /		□Remove
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Filing Fee: \$25.00