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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: COLAB ART GALLERY AND ADVISORY
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:
KEVIN G. PEREZ VELAZQUEZ Name of Person
COLAB ART GALLERY AND ADVISORY Firm/Company
12895 HOLSINGER BUD
JACKSONVILE, FL 32256 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART GALLERY AND ADVISORY LLC

MAR

company has been notified in writing of this change.

EA Florida Limited	any as it now appears on our re Liability Company)	ecords.)
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e Articles of Organization for this Limited Liability Company	y were filed onJuly_	21, 7024 and assigned
orida document number <u>L24000334945</u>		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial MITHOS ART CHIERY A THOS THE NAME OF THE STREET ADDRESS) Principal office address MUST BE A STREET ADDRESS)	bility company here:	
MYTHOS ART CHIERY A	ND ADVISORY L	لد
ie new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
ct MyTH05	NIA)24
mer new principal offices address, if applicable.		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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		70 ;
nter new mailing address, if applicable:	NIA	5.
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)		
	address on our records, e	nter the name of the new regi
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:		
Name of New Registered Agent:		
ent and/or the new registered office address here:		
Name of New Registered Agent:	Enter Florida street a	
Name of New 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

NA
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
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e: If the date in	other than the dat isted, the date must be iserted in this block we date on the Depar	does not meet th	e applicable stati	filing or more than atory filing requi	(optional) 90 days after filing, rements, this date	Pursuant to 605,020 will not be listed as
cord specifies a s filed.	delayed effective da	te, but not an eff	ective time, at 12	:01 a.m. on the o	earlier of: (b) Th	e 90th day after the
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