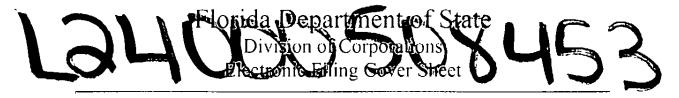
2/4/25, 7:55 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000042459 3)))



H250000424593ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:	E
₹5. ×	•	- 65

LLC AMND/RESTATE/CORRECT OR M/MG RESIG POINT BREAK INSURANCE LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

COVER LETTER

From: Laura Rodriguez

	Registration Se Division of Cor			
SUBJEC	POINT BR	EAK INSURANCE LLC		
SOBJEC	. 1 ;	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Trease to	an con espe	Erik Treutlein	to the following.	
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		pointbreakinsurance@outlo		
For furthe	er information c	u-man address: () oncerning this matter, please ca	to be used for future annual report notif	ication }
Erik Trei	utlein		800 773-0888	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Cupy (additional copy is enclosed)
	MAIL	INC ADDRESS.	eroeer/coledi	CD ADDDESS.

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POINT BREAK INSURANCE LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our re sed Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number 1.24000508453	any were filed on 12/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Artistry Revival LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS))	
The state of the s		
Enter new mailing address, if applicable:		2025 F
(Mailing address MAY BE A POST OFFICE BOX)		₩ n
		882 F [
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the same of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street au	ldress
		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

To:				Page: 5 of 6
	•	•	•	

MGR = Manager

2025-02-04 05:58:17 PST

LegalZoom com, Inc.

From: Laura Rodriguez

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			Remove
			Change
			□ Remove
			☐ Change
			🗖 Add
			□ Remove
			□ Change
			☐ Remove
			Change
			□ Remove
			☐ Change
			☐ Remove
			Change

D. Hal	aenoing any	vaier miormatig	on, enter change(s) her	е. змиасн ааан	ionai sneeis, ij necessa	.)./	
							
	. = -						
				· · · · · · · · · · · · · · · · · · ·			
				,			
	_				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
						<u> </u>	
r rr.	stina data if	athar than tha da	ota of filina		(optional		
(II an e	effective date is f	isted, the date must be	ate of filing:e specific and cannot be prior	to date of filing or n	wre than 90 days after filing	.) Pursuant to 605	
			c does not meet the applications of State's records		ig requirements, this date	will not be liste	ed as the
				`			
		fies a delayed e after the record	ffective date, but no d is filed.	ot an effective	time, at 12:01 a.m.	on the earlie	er of:
	02/04/2025						
Date	d	············		<u> </u>			
	/S/ J	Jillian Zerner					
			gnature of a member or auth				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00