L05000014270

___(Requestor's Name)___

___(Address)___

___(Address)___

___(City/State/Zip/Phone #)___

☐ PICK-UP   ☐ WAIT   ☐ MAIL

___(Business Entity Name)___

___(Document Number)___

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COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: THE L2 GALLERY, LLC
(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:

MARK A. VIOLETTE
(Name of Person)

MARK A. VIOLETTE, P.A.
(Firm/Company)

34990 EMERALD COAST PKWY, STE 403
(Address)

DESTIN, FLORIDA 32541
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK VIOLETTE
(Name of Person)

at (850) 654-0068
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☑ $60.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                           (additional copy is enclosed)   Certified Copy
                                                                                           (additional copy is enclosed)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

THE L2 GALLERY, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on __2/11/05__ and assigned document number __L05000014270__ .

SECOND: This amendment is submitted to amend the following:

ARTICLE II:

Street Address shall be: 123 Quincy Circle, Seaside, FL 32550

Mailing Address shall be: 755 Grand Blvd, Sandestin, Florida 32550

Suite B105-305

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated __December 14, 2005__ , _____ ,

Tracy Lewis (signature)
Signature of a member or authorized representative of a member

Tracy Lewis
Typed or printed name of signee

Filing Fee: $25.00