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2019 JUE 24 PH 2: 15

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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	Fine's Galler	y, LLC		
SUBJEC	··	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	dence concerning this matter	to the following:	
		Timothy J. Bruehl, Esq.		
			Name of Person	
		Waggoner & Bruehl, P.A.		
			Firm/Company	
		5400 Pine Island Rd., Suite	e D	
			Address	
		Bokeelia, FL 33922		
			City/State and Zip Code	
		eric@forrestercpa.com		
			to be used for future annual report notiff	ication)
For furthe	er information co	ncerning this matter, please ca	all:	
Timothy	J. Bruehl, Esq.		239 283-1076 at ()	
	Name of	Person		Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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**



company has been notified in writing of this change.

Fine's Gallery, LLC		2019 JUN 24 PM 2: 15
(Name of the Limited Liability Co (A Florida Limited Articles of Organization for this Limited Liability Comp	ompany as it now appears ited Liability Company)	on our records.)
	pany were filed on $\frac{12/2}{2}$.8/2006 and assigned
Florida document number L06000122566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de:	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da street address
·		Florida
N D in a A Circutan if the in D in a I A	Ciţy	Zip Code
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	olete performance of r t as provided for in Cl	ny duties, and I am familiar with and hapter 605, F.S. Or, 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ebra Myra Ella Vilma Ompod	24971 S. Tamiami Trail	
			□ Remove
		Bonita Springs, Florida 34134	Change
AMBR	Mohammed Hadi	24971 S. Tamiami Trail	Add
			🗆 Remove
		Bonita Springs, Florida 34134	
			□ Add
		· ————————————————————————————————————	☐ Remove
			Change
			Add
			Remove
			Change
			Add
		 	Remove
		-	☐ Change
			Add
			Remove
			Change

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nective an effecti	date, if other than the date of filing:
<u>ote:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.
cument	s effective date on the Department of State S records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
recor	Out day after the record is filed.
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Filing Fee: \$25.00