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2011 JUL -8 AH DO LA SECRETARY OF STATE TALL AHASSEF, FLORIO

T. CLINE
JUL 11 2011
EXAMINER

COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	Harbour \	view Gallery, LLC		
		nited Liability Company		
	es of Amendment and fee(s) are surespondence concerning this matte	_		
		Shirley Hales		
		Name of Person		_
				
Cape Coral Florida, 33914			ZOII JUL SECRET	
		City/State and Zip Code		SAKE TO THE TENT OF THE TENT O
	E-mail address:	harbourviewgallery.co (to be used for future annual rep	ort notification)	- XX & []
For further informati	ion concerning this matter, please	call:		L-8 M () () TARY OF STATE ASSEE, FLORIDA
	Sandra Yetman	at (239)	945-1683	310
Na	me of Person		Daytime Telephone Num	ber
Enclosed is a check t	for the following amount:			
₹25.00 Filing Fee	_	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certifi nclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING ADDRESS:		STREET/C	COURIER ADDRESS:	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harbour V	iew Gallery, LLC	<u> </u>			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appe nited Liability Company	ars on our records.)			
The Articles of Organization for this Limited Liability Cor	mpany were filed on	March 7, 2007	and assigned		
Florida document number L07000032528					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company h	ere:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:	N/A	P	£ "TO		
(Principal office address MUST BE A STREET ADDRE	<u></u>	1 ¹	A V		
Enter new mailing address, if applicable:	N/A		TSTATE OF THE PROPERTY OF THE		
(Malling address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, enter t	he name of the new		
Name of New Registered Agent: N/A					
New Registered Office Address:	E	inter Florida street addi	ress		
	. Flor i da				
	City	7	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address Title** <u>Name</u> **MGRM** Uschi Lanier 2530 SW 38th Terrace **✓** Add Cape Coral, Florida Remove 33914 ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) July 1 2011 Dated __ Signature of a member or authorized representative of a member Sandra Yetman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00