# L08000015599

(Requestor's Name)						
(Address)						
(Address)						
(Addless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
ALL AHASSEE ELOPINA

N. Company APR 1 4 2009

### **COVER LETTER**

	Registration Section Division of Corporations						
SUBJEC	T: <u>Green fish Gallery LLC</u> (Name of Limited Liability Company)						
	(Name of Limited Liability Company)						
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.						
Please ret	turn all correspondence concerning this matter to the following:						
	Janet Purcell (Name of Person)						
(Name of Person)							
(Name of Person)  Sparkles Plenty  (Firm/Company)							
	(Firm/Company)	,					
1012 N Osceola Ave (Address)							
(Address)							
Clear water F1 33755 (City/State and Zip Code)							
(City/Staté and Zip Code)							
For further	er information concerning this matter, please call:						
	(Name of Person) at (727 447-2934 (Area Code & Daytime Telephone Number)	_					
Enclosed	is a check for the following amount:						
M	0 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing F	pe					
Λ 23.00	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Cop	Status &					

### **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

Secure 1 of the control of the office of the order of the control of the control

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 APR 13 AM 10: 48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Green tish	Gallery	LLC						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)								
The Articles of Organization for this Limited Lia	ability Company v	vere filed on	Feb 12, 2008	and assigned				
Florida document number	<u> 1799.</u>							
This amendment is submitted to amend the follo	wing:							
A. If amending name, enter the new name of	the limited liabil	ity company	here:					
South Phalipe	QQQ							
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	ompany," the designation	"LLC" or the abbreviation				
Enter new principal offices address, if applica	ble:	Sparl	<del></del>					
(Principal office address MUST BE A STREET	(ADDRESS)	3712	6 & Mac Di					
		_/ampa	FI 3362	9				
Natural 1981 1981		Ja	who be said					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  10/3 N OSCLOLOCA RUE								
(Muning duness MAT DE A POST OFFICE E	<u>502)</u>	Clec	erwater i	-/ 3375				
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered officice address here:	ce address (	on our records, enter	the name of the new				
	Jane	1 1.						
Name of New Registered Agent:	<u>June</u>	y pur	rell	<del></del>				
New Registered Office Address:	1012	<u> </u>	ceola Ave	2				
	1 -	(Enter Florida street a	•					
	Clearwa	Cin	, Florida _	7777				
		(CIIY)		(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 Changing Registered Agent, Signature of New Registered Agent)

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 **Address Title** Type of Action **Name** Linda Bishop Melissa Purcell ☐ Add ☑ Remove 🗂 Add Remove Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) M / M CLU Signature of a member or authorized representative of a member Purcell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00