

LOS 000035778

v

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2013 NOV -7 PM 3:07
TALLAHASSEE, FL 32309

B. BOSTICK
NOV - 8 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CORNUCOPIA HOME 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:

DANIELLE K. LEE

Name of Person

CORNUCOPIA HOME GALLERY, LLC

Firm/Company

16314 SW 48 STREET

Address

MIRAMAR, FL 33027

City/State and Zip Code

DLEE@GREATHOUSEGOURMET.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELLE K. LEE

Name of Person

at (**786**) **295-0764**

Area Code & Daytime Telephone Number

TALLAHASSEE, FL 32301
2013 NOV -7 PM 3:08

Enclosed is a check for the following amount:

- \$25.00 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:
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**

CORNUCOPIA HOME 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 Liability Company were filed on 04/09/2008 and assigned Florida document number L08000035778.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

16314 SW 48 STREET

MIRAMAR, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DANIELLE K. LEE

New Registered Office Address:

16314 SW 48 STREET

Enter Florida street address

MIRAMAR

City

Florida 33027

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.

Danielle K. Lee
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:

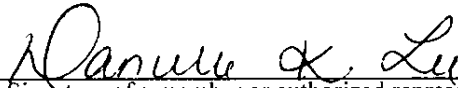
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2013 NOV -7 PM 3:08
ALLMAN ASSOCIATES

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated NOVEMBER 5, 2013



Signature of a member or authorized representative of a member

DANIELLE K. LEE

Typed or printed name of signee

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Filing Fee: \$25.00

2013 NOV -7 PM 3:08
FALLAHOUSE, FL 0667