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· B. BOSTICK

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EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

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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

at (

,786<u>,</u>295-0764

Name of Person

Area Code & Daytime Telephone Number

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 GAI (Name of the Limited (A		ny as it now appears on our reciability Company)	cords.)			
The Articles of Organization for this Limited Liability Company were filed on 04/09/2008 Florida document number L08000035778					_ and assigned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the des	ignation "I	LC" or the abbrev	viation	
Enter new principal offices address, if applica	ıble:	16314 SW 48 STREE	T ₅₀	5.2		
(Principal office address MUST BE A STREET ADDRESS)		MIRAMAR, FL 33027		ر مراد المهارية مواديد		
	_		127 127 128			
			5380			
Enter new mailing address, if applicable:				77		
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			. မ		
		st - tt	=======================================	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered of			s, <u>enter</u>	the name of the	e new	
Name of New Registered Agent:	DANIELLE	K. LEE				
New Registered Office Address:	16314 SW	48 STREET				
The state of the s		Enter Florida	street ada	lress		
	MIRAMAR	, F	lorida 33	3027		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action	
			Add	
			Remove	
			Add	
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). If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
•	
Dated NOVEMBER 5	2013
- Dan	ule & Lu
_	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

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