L08000072130

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EXAMINER



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DATE:

06/14/2011

NAME:

BA AUCTIONS, LLC

TYPE OF FILING: NAME CHANGE AMENDMENT

COST:

55.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration : Division of Co			. (4)
SUBJECT:	BA A	uctions, LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Mark J. DeVito		
		(Name of Person)	
	c/o Burns & Levinson	LLP	
		(Firm/Company)	
	125 Summer Street		
		(Address)	
	Boston, MA 02110		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Mark J. DeVito	e of Person)	at (617) 345-3673 (Area Code & Daytime 1	"Alashana Niyeshan)
(Name	or remon)	(Area Code & Daytime t	elephode (vuinoer)
Enclosed is a check for	the following amount:		
☐ \$25.00 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

THE LONG CONDENS ON W. 1.

BA	A AUCTIONS, LLC	·
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	Company were filed on July 28, 2008	and assigned
Florida document number L08000072130	·'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
International Art Galleries, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
·	,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	#	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
		
New Registered Office Address:	(Enter Florida	atreat address)
	(Emer Plorida	આ દર્ભ લાલા હક્કુ
	(City)	orida(Zip Code)
	((Zip Couc)

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 = N	Manager = Managing Member		
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	ending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) —
-			
Dated J	une , 2011		
Dated	h 1 M	r or authorized representative of a member	
	Ira Shore, Chief Execu		

Page 2 of 2

Filing Fee: \$25.00