## L09000031767

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## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: Add	Manager (Mer	mber)	
		ited Liability Company	7734 v-1-2-v-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	James Werg	geles	
		Name of Person	<del></del>
	LA BELLE II	MAGINE GALLE	RY LLC
		Firm/Company	
	P. O. Box 34	46	
		Address	<del></del> _
	Sarasota, Fl	L 34230	
	live defined a FOO	City/State and Zip Code	
	lyndafinder500@ E-mail address: (	yanoo.com to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	·	
James Wei	rgeles	at (941) 400-6	406
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

STREE "COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LA BELLE IMAGINE 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 April 1, 2009	and assigned	
Florida document number L09000031763			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	us area and an angular		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P. O. Box 346		
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34230		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new	
Name of New Registered Agent:		The second secon	
		<u> </u>	
New Registered Office Address:	Enter Florida street address	\$5 <b>6</b> 1	
	, Florida	Tip Code	
New Registered Agent's Signature, if changing Registered Agent:	City	Lip Gode	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is	

IGR = M MBR = A	anager uthorized Member		
<u>`itle</u>	<u>Name</u>	Address	Type of Action
Mgr	James Wergeles	P. O. Box 346	<b>■</b> Add
		Sarasota, FL 34230	□ Remove
			□ Adđ
			□ Remove
			□ Add
			□ Remove
			□ A₫d
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			Ādd
		Remove	
			□ Add

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The e	ctive date, if other than the date of filing:  [Coptional]  [Coptional]  [Coptional]  [Coptional]  [Coptional]
Date	ate this document is filed by the Florida Department of State) d
	x Jynda Jinku
	Signature of a member or authorized representative of a member  Lynda Finder
	Typed or printed name of signee

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Filing Fee: \$25.00