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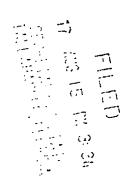
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Se Division of Cor		
Gapingvoid	l Gallery LLC.	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	Laura Viberti	
		Name of Person
	Gapingvoid Gallery LLC.	
		Firm/Company
	1521 Alton Rd Suite 518	
		Address
	Miami Beach, Florida 331	39
		City/State and Zip Code
	laura@gapingvoid.com	
For further information of	oncerning this matter, please of	to be used for future annual report notification)
Laura Viberti	oncerning this matter, prease of	786 553-4098
	<u></u>	at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee □ Certified Copy (additional copy is enclosed)
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gapingvoid Gallery LLC.		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/23/2009	and assigned
Florida document number 1.09000071286		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
Gapingvoid Culture Design Group LLC		
The new name must be distinguishable and contain the words "I.	imited 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 ADI	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		F 1 = 1
		1
3. If amending the registered agent and/or reg		enter the name of the
egistered agent and/or the new registered office ad	ldress here:	一一一一一
		- 3
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
New Neglistered Vince Address.	Enter Florida street address	
	. Flori	do
	, FIOTO	ua 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	,		
			□ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
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			□ Add
			☐ Remove
			Change:
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			☐ Remove
			□ Change

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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	st be specific and cannot be prior to lock does not meet the applicab	date of filing or more than 90 days after filing.) de statutory filing requirements, this date w	Pursuant to 605.020 vill not be listed a	07 (as t
ne record specifies a delaye The 90th day after the rec		an effective time, at 12:01 a.m. o	n the earlier o	of
August 7	2017			
Dated August 7 Laura 1		· ·		
/	Vikanti			
Laura	acco			

Page 3 of 3

Filing Fee: \$25.00