# 110000012948

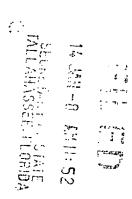
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(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT L James Art 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:

## Laura James

Name of Person

Firm/Company

## 3186 Montrose Court

Address

## Palm Harbor, FL 34684

City/State and Zip Code

### artbylaurajames@gmail.com

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

For further information concerning this matter, please call:

## Laura James

....727 \ 487-4539

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

L. James Art, LLC				
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability C	or this Limited Liability Company were filed on 2/3/10 000012948			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Art by Laura James LLC				
The new name must be distinguishable and end with the worL.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>		
		The state of the s		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		The state of the s		
Maning undress MAT BE A FOST OFFICE BOX)		1111		
B. If amending the registered agent and/or registered agent and/or the new registered office add		J.>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u> </u>	<u>Name</u>	Address	Type of Action
			Add
			<u></u>
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D. If amending any other inform	ation, enter change(s) here: (a	Attach additional s	sheets, if necessary.)
		, 	
Effective date, if other than the fan effective date is listed, the date	e date of filing: e must be specific and cannot b	e more than 90 day	<b>(optional)</b> ys after filing.) (605.0207 (3)(1
<sub>bated</sub> January 6	2014		
Lucia			
LAUR	ignature of a member or authorize		a member
	Typed or printed na	,	

Page 3 of 3

Filing Fee: \$25.00