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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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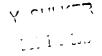


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TALL AND SEE: FLORIDA



COVER LETTER

Division of C	orporations		
SUBJECT:	Name of Limit	red Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	Laura James		
	Name of Limited Liability Company of Amendment and fee(s) are submitted for tiling. sepondence concerning this matter to the following: Laura James Name of Person Finn/Company 2801 Alt 19 Address Dunedin, FL 34698 City/State and Zip Code		
			_
		Firm/Company	
	2801 Alt 19		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Dunedin, FL 34698		
	laurajamesgallery@gmail.co		
	E-mail address: (to	o be used for future annual report notifi-	cation)
For further information	concerning this matter, please ca	U:	
Laura James		727 487-4539 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Art by Laura James, LLC (Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	ipears on our records.)
The Articles of Organization for this Limited I Florida document number 1,10000012948		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
Laura James Studio & Gallery, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," i	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	2019 HOY
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	s on our records, enter the name of the
Name of New Registered Agent:	Rachel L. Drude	
New Registered Office Address:	5858 Central Ave., Suite A	
	Enter	Florida street address
	St. Petersburg	, Florida ³³⁷⁰⁷
	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 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

Title	Name	Address	Type of Action
	Laurie O'Hall	9350 Bay Plaza Blvd.	
		Suite 120-04	
			■ Remove
		Tampa, Fl. 33619	Change
			Add
			☐ Remove
			_
			☐ Change
			Add
			□ Remove
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(If an effectiv Note: If th	e date is listed, the date in the date inserted in the	n the date of filing te must be specific and nis block does not r the Department of S	d cannot be prior to neet the applical	o date of filing or more ble statutory filing r	(optional) than 90 days after filing equirements, this date) ,) Pursuant to 605,0207 (3 will not be listed as th
the record b) The 90	l specifies a del th day after the	ayed effective of record is filed.	date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier of:
Nov	ember 7th		2019			
	1/2/	7		_		
/	Ville	and t		ized representative of		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00