

L100000096593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

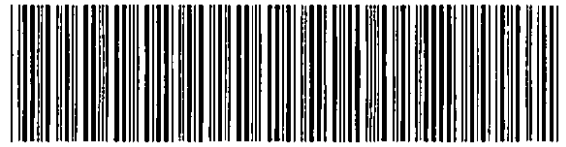
(Business Entity Name)

(Document Number)

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2023 JUL 12 PM 5:04

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g 8/14/2023

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: UP ART AND DESIGN GALLERY 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:

John C. Long

Name of Person

Firm/Company

340 8th Avenue South

Address

Naples, FL 34102

City/State and Zip Code

JOHN ARTIST 101 @ gmail.com

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

For further information concerning this matter, please call:

JOHN C. LONG

Name of Person

John Long

at

239

Area Code

734-0345

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UP ART AND DESIGN GALLERY, L.L.C.

2023 JUL 12 PM 5:04

(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 September 15, 2010 and assigned
Florida document number L10000096593.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

John C. Long

New Registered Office Address:

340 8th Avenue South

Enter Florida street address

Naples

City

, Florida 34102

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.

John C Long
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrea Clark Brown (Deceased)	c/o John C. Long, Personal Representative	☐ Add
		340 Eight Street South	☒ Remove
		Naples, FL 34102	☐ Change
MGR	John C. Long	340 Eight Street South	☒ Add
		Naples, FL 34102	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

10/1/02



Signature of a member or authorized representative of a member

JOHN C. LONG
Typed or printed name of signee

Filing Fee: \$25.00