

L110000067440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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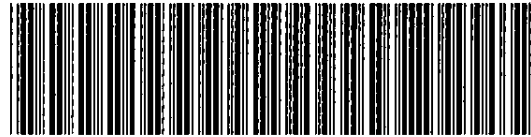
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SILK ROAD GALLERY AND DESIGN STUDIO, 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:

**Barbara Walker**

Name of Person

**WALKER - MICHELE DESIGN STUDIO, LLC**

Firm/Company

**401 SE 25 AVENUE, SUITE 601**

Address

**FORT LAUDERDALE, FLORIDA 33301**

City/State and Zip Code

**walkerdesigns@hotmail.com**

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

For further information concerning this matter, please call:

**BARBARA WALKER**

Name of Person

at ( **954** )

**524-5669**

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



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	SAME		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	SAME		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This amendment is for name change only. All other information remains the same.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 16 August, 2011.

Barbara Walker  
Signature of a member or authorized representative of a member  
  
Barbara Walker  
Typed or printed name of signee