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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	der ART. Galle Name of Lim	oy UC nited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shawn	to Kelly	
		Name of Person HRT Gallen Firm/Company	
	3052.	5. Oakland Forest	De.2103
	Courforts E-mail address:	City/State and Zip Code Concrege to be used for future annual report noti	·
For further information of	oncerning this matter, please c	all:	
Shawsto Name o	of Person		-1978 e Telephone Number
Enclosed is a check for t	he 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

Her ART Gallery (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	i, / i / - '	らた and assi	gned
This amendment is submitted to amend the following:	·		
A. If amending name, enter the new name of the limited liab ### (oncienge), LL2 The new name must be distinguishable and contain the words "Limited Liabi		previation "L.l	C,''
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3052 South Oakland Villa 2103 Oakland Park, Fr	Forest 333	<u>De</u> 09
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jame as	boxe	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name o	of the new
Name of New Registered Agent:		18 JAN	SECRE
New Registered Office Address:	Enter Florida street address		FILED CORP CORP
	Florida	Zip Con	ORATIO
New Registered Agent's Signature, if changing Registered Agent:		60	深

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> <u>Name</u> Address **Type of Action** □ Add _□ Remove ☐ Change □ Add □ Remove _□ Change _□ Add □ Remov**e** ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove 18 Chan P\dd 2 □ Remo ≥ ☐ Change

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