## L11000138990

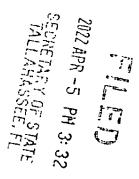
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Y. SCOTT

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## **COVER LETTER**

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ELIDIECT:	BJ Royster Ocean Gallery LLC  Name of Limited Liability Company				
SUBJECT: _					
The enclosed A	Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return a	II correspo	ndence concerning this matter	to the following:		
		Barbara J Royster			
			Name of Person	_	
		BJ Royster Ocean Gallery	LLC.	5	୍ 20
			Firm/Company	3:- S	2022 APR
		5711 Jones Street			PR -
			Address		( a [
		Milton, FL,32570			
		<del></del>	City/State and Zip Code	AIE	્ર સ સ સ
		contact@bjroyster.com		· ·	
For further infe	ormation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report noti	lication)	
Barbara J Roy		cineering this maner, preuse o	386 569-6331		
Name of Person		at ()	e Telephone Number	<del></del>	
	raine of		rice code 172yun	receptione realises	
Enclosed is a c	theck for th	ne following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate of Certified Co (additional cop	of Status &
	ng Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Cor			
P.O.	Box 632	7	The Centre of T		
Talla	anassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	l

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BJ Royster Ocean Gallery LLC.			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number L11000138990	ere filed on 12-9-2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
BJ Royster Fine Art LLC.		202 SEL	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del>/</del>	A	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	A	B A B: 33	
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Flor	ida	
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 furth	her agree to comply with th	

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
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Tective date, if other than the data an effective date is listed, the date must be	e specific and cannot be prior to date	of filing or more than 90 days a		
ote: If the date inserted in this block ocument's effective date on the Depa		talutory filing requirements.	this date will r	iot be listed a
record specifies a delayed effective d is filed.	ate, but not an effective time, a	12:01 a.m. on the earlier of	(b) The 90th	h day after the
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ated 3/31/2029				
ated 3/31/2029	$\sim 0$			
ated 3/31/2029	Phalipe of a member or authorized	tenresentative of a member		

Filing Fee: \$25.00