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D. BRUCE

JUL 0 9 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michael Milano Name of Person
	The Lenticular Gallery
	816 Dover Street
	City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter places call:
	Michael Milano at (50) 703-0040 Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$2 :	5.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, 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

The	Laticular	Gollery			
(<u>Name of the Limited L</u> (A F	iability Company as it now a lorida Limited Liability Comp	ppears on our records.) any)			
The Articles of Organization for this Limited Liab		April 243017	and assigned		
Florida document number	272P	•			
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability compan	y here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	ADDRESS)		167 76		
		Q Q	de la		
Enter new mailing address, if applicable:		ŗ	2 2		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		2 (c)		
-		Ä			
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the	name of the new		
registered agent and/or the siever to an arrange of the					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title **Type of Action** Name **Address ∑** Add Remove Remove ☐ Add □ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00