12000073832

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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC	Linda Friedr	LLC)			
		Name of Limi			
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		Linda Friedman Ramirez			
			Name of Person		
		Feathered Seym	of Galley Link Fr	dra Rominez	Jatin Art
		Unit 103, 1010 Central Ave			
		St Petersburg, Florida 3370	95		
	•	E-mail address: (t	o be used for future annual report notif	ication)	
For furth	er information co	ncerning this matter, please ca	ıll:		
LIN	IDA FRIED.	MAN Ramirez	727 510-5196		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	l is a check for the	e following amount:			
□ \$25.0	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 St Certified Copy (additional copy is o	atus &

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

Alterial Manager St. Contraction of the St. C

Feathered Serpent Gallery LLC

(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 06/4/2012	and assigned
Florida document number L12000073832	·	
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the lin	mited liability company here:	
Linda Friedman Ramirez Latin Art LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "Ll	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADD	DRESS)	
•		
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or registered agent and/or the new registered affine ad-	istered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad-	<u>aress nere</u> :	
N 01 5 1	•	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
·	, , r	lorida
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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