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COVER LETTER

Div	ision of Corp	porations		
CID IECT.	United Phot	ographic Artists Gallery, L.L.	C.	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return	ali correspo	ndence concerning this matter	to the following:	
		Cathy Dutertre		
			Name of Person	
		United Photographic Artis	ts Gallery	
			Firm/Company	
		5052 Lantana St		
			Address	
		Zephyrihills, Florida 3354	2	
			City/State and Zip Code	
		inquiry@upagallery.com	to be used for future annual report notif	Louis
For further in	iformation co	oncerning this matter, please co	•	(Carlon)
Cathy Dutert	ге		813 777-0577	
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

United Photographic Artists Gallery, L.L.C.	
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L13000173242}{L13000173242}$	ompany were filed on December 16,2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	OLMSION OF CONCIL ALLO
B. If amending the registered agent and/or registored agent and/or the new registered office address.	ered office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zıp 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGRM	Sadler, Meredth					
		5701 BAHIA DEL MAR CIR	■ Remove			
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i`an effe <u>Note:</u> 1	ve date, if other retive date is listed, t If the date inserted ent's effective date	the date must b d in this bloc	e specific and k does not r	d cannot be p meet the app	rior to date o: dicable stat	filing or more utory filing r	than 90 days	optional) after filing.) , this date	Pursuant to 60 will not be list	5.0207 () ted as th
	ord specifies a 90th day after				not an ef	fective tim	ie, at 12:	01 a.m. d	on the earli	er of:
Dated _		July	10	. <u>201</u>	1					
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,	<u> </u>	min	gnature of a	member or a	ulhorized rep	resentative of	a member			

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Filing Fee: \$25.00