

L14 000040390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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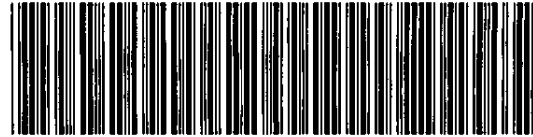
(Business Entity Name)

(Document Number)

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JUN 17 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTATE Gallery LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael FAVALE

Name of Person

ESTATE Gallery LLC

Firm/Company

8204 13th Hole Drive

Address

Port St Lucie FL 34952

City/State and Zip Code

BEVYBARN@AOL.COM

E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FLORIDA
JUN 16 2014

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For further information concerning this matter, please call:

Michael FAVALE

Name of Person

at (772) 408-3938

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

ESTATE 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 MARCH 11, 2014 and assigned Florida document number L14000040390.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR =	JANET M. FAVALE	8204 13 TH Hole DRIVE	☒ Add
		PORT ST. LUCIE FL 34952	☐ Remove
			☐ Add
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ALL INFORMATION CONTAINED
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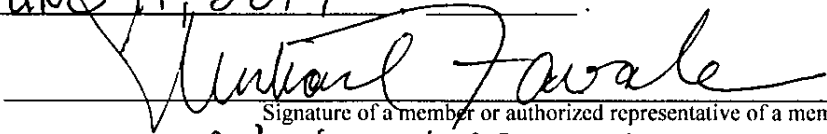
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ESTATE
Gallery (LLC) To Be TREATED AS A PARTNERSHIP
JERRY Plourde AND JANET M. FAVALE WORKING PARTNERS
* Michael FAVALE to Be TREATED
AS A * LIMITED PARTNER *
INVESTMENT STATUS * UNEARNED INCOME ONLY

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 11, 2014



Signature of a member or authorized representative of a member

MICHAEL FAVALE

Typed or printed name of signee

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA