

L14000040390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

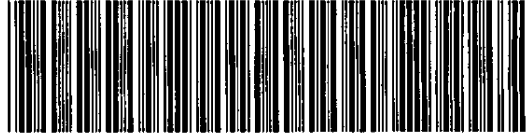
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

JERRY Plourde

Name of Person

ESTATE Gallery LLC

Firm/Company

2134 SE BROWARD TERRACE

Address

PORT SAINT LUCIE, FL 34952

City/State and Zip Code

BEVYBARN@AOL.COM

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

For further information concerning this matter, please call:

MICHAEL FAVALE

Name of Person

at (772)

Area Code

408-3938

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

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2014 NOV 12 PM 3:14
CLERK OF THE COURT
STATE OF FLORIDA

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 contain 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)

8767 S US HWY 1
PORT SAINT LUCIE
FLORIDA 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8767 S US HWY 1
PORT SAINT LUCIE
FLORIDA 34952

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:

JERRY PLOURDE

New Registered Office Address:

2134 SE BROWARD TERRACE

Enter Florida street address

PORT SAINT LUCIE, Florida 34952

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.

Jerry W. Plourde
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>	<u>Address</u>	<u>Type of Action</u>
MGR	FAVALE, Michael	8204 13 th Hole Drive	<input type="checkbox"/> Add
		Port Saint Lucie	<input checked="" type="checkbox"/> Remove
		Florida 34952	<input type="checkbox"/> Change
AMBR	FAVALE, Michael	5908 Palm Drive	<input checked="" type="checkbox"/> Add
		FT Pierce Florida	<input type="checkbox"/> Remove
		34982	<input type="checkbox"/> Change
MGR	FAVALE, Janet M	5908 Palm Drive	<input type="checkbox"/> Add
		FT. Pierce	<input type="checkbox"/> Remove
		Florida, 34982	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THESE ADDRESS CORRECTIONS,
THIS REGISTERED AGENT CHANGE,
AND THIS MGR FAVALE, MICHAEL
CHANGE TO AMBR SHOULD HAVE
BEEN AMENDED ON 06/16/2014
WHEN MGR JANET M. FAVALE WAS
ADDED AND MICHAEL FAVALE WAS
TO BE TREATED AS A LIMITED PARTNER
INVESTOR STATUS WITH NO EARNED
INCOME (STATUS) SHOULD HAVE BEEN
ON JUNE 11, 2014 • AMBR •
FAVALE, MICHAEL

E. Effective date, if other than the date of filing: June 16, 2014 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Nov. 9, 2015.

Jerry W. Plourde
Signature of a member or authorized representative of a member

JERRY W. PLOURDE
Typed or printed name of signee

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2015 NOV 12 PM 3:14
DEPT. OF STATE
TALLAHASSEE, FLORIDA