

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : BOSCH ACCOUNTING & TAX SERVICES CORPORATION
 Account Number : 119990000045
 Phone : (954) 730-0640
 Fax Number : (954) 730-0292

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: boschaccounting@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PICTURE FRAMING & ART GALLERY LLC

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September 23, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PICTURE FRAMING & ART GALLERY LLC
10722 WILES ROAD
CORAL SPRINGS, FL 33076

SUBJECT: PICTURE FRAMING & ART GALLERY LLC
REF: L15000118494

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

SUBMITTED FAX COVER SHEET FOR LP/LLLP - USE COVER SHEET FOR LLC AMENDMENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000228253
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PICTURE FRAMING & ART 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:

JAIRO BOSCH

Name of Person

BOSCH ACCOUNTING & TAX SERVICES CORPORATION

Firm/Company

5440 NORTH STATE ROAD 7, SUITE 5

Address

FORT LAUDERDALE, FL 33319

City/State and Zip Code

boschaccounting@hotmail.com

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

For further information concerning this matter, please call:

JAIRO BOSCH

954 730-0640
at ()

Name of Person

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PICTURE FRAMING & ART 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 JULY 15, 2015 and assigned
Florida document number 15000118494

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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

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((H15000229091 3))) **Added 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>
MBR	JOYNA'S, INC.	4201 OAK CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PTD	JOSE H FRANCO	4201 OAK CIRCLE	<input type="checkbox"/> Add
		BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PTD	JULIO IGOR PERNAS	4919 NW 88th AVE, APT 204	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATHERINE LYNN HUNT	249 SW 9th COURT	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLAUDIO ERNESTO CAROZZI	11440 NW 29th STREET	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VD	CLAUDIO ERNESTO CAROZZI	11440 NW 29th STREET	<input checked="" type="checkbox"/> Add
		SUNRISE, FL 33323	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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((H15000229091 3))) Other information, enter change(s) here: (Attach additional sheets, if necessary.)

SD KATHERINE LYNN HUNT 249 SW 9th COURT, POMPANO BEACH, FL 33060 Add
VSD JULIO IGOR PERNAS 4919 NW 88th AVE, APT 204, CORAL SPRINGS, FL 33065 Remove

E. Effective date, if other than the date of filing: _____ (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 September 22nd

2015



Signature of a member or authorized representative of a member

JAIRO BOSCH

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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