

L15000118494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

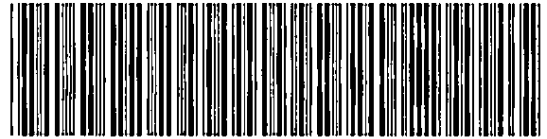
(Business Entity Name)

(Document Number)

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20 FEB 20 PM 1:58
CLERK OF COURT
HALL COUNTY, FLORIDA

FEB 20 2020

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:

Julio Pernas

Name of Person

Picture Framing & Art Gallery

Firm/Company

10722 Wiles Rd.

Address

Coral Springs, FL 33076

City/State and Zip Code

Info@FramingAndArtFL.com

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

For further information concerning this matter, please call:

Julio Pernas

954 341-0151
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 15th, 2015 and assigned Florida document number L15000118494.

This amendment is submitted to amend the following:

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

NA

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)

10722 Wiles Rd.

Coral Springs, FL. 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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:

Chad Kidd

New Registered Office Address:

10722 Wiles Rd.

Enter Florida street address

Coral Springs

Florida 33076

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Katherine Lynn Hunt	249 SW 9th Court	<input type="checkbox"/> Add
		Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SD	Katherine Lynn Hunt	249 SW 9th Court	<input type="checkbox"/> Add
		Pompano Beach, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Claudio Ernesto Carozzi	11440 NW 29th street	<input type="checkbox"/> Add
		Sunrise, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VD	Claudio Ernesto Carozzi	11440 NW 29th street	<input type="checkbox"/> Add
		Sunrise, FL 33323	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chad Emerson Kidd	7221 Bedlington Rd.	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VSD	Chad Emerson Kidd	7221 Bedlington Rd.	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33014	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

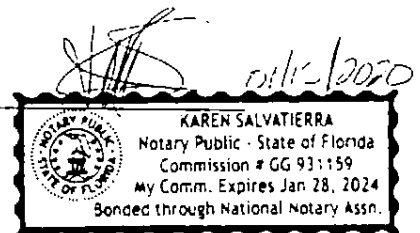
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Salem, Oregon
FBI - PORTLAND

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20 FEB 20 PM 1:58
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

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.

Dated December 12th JANUARY 15 2019 2020

Julio Arenas
Typed or printed name of the respondent



Filing Fee: \$25.00