L15000 182394

(Requestor's Name)	
(Address)	500322
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	01/02/19-
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: _ Emer	rald Coust	ted Liability Company	ifts LLC
The enclosed Articles of Ame	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Jen	nifer L. Via	<u>ene</u>
	Emerald	Coast Gal	lery +6:fts
		1sty Meadow	Lane
	Na·Vai	Te FL. 305 City/State and Zip Code	ery 1 cgmail.com
-	Emeral c E-mail address: (1	o be used for future annual report notif	ery 1 cgmail con
For further information conce	erning this matter, please ca	ill:	
Jennit- Name of Per	er Viaena	$\frac{2}{\text{Area Code}}$ at $\frac{90}{\text{Area Code}}$ Daytime	C Telephone Number
Enclosed is a check for the fo	ollowing 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

Enerald Coast Gallery 4 6:445

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number <u>L15 000 182394</u> 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) 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 **Address Type of Action** <u>Title</u> Name 1 Claire Gagne ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u> :	tive date, if other than the date of filing: Dec. 31, 2018 (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 12-18-, 2018.
	Signature of a member or authorized representative of a member
	Jennifer L Viaene
	Typed or printed name of signee

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Filing Fee: \$25.00