## 116000068652

(Re	equestor's Name)	
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JUNETARY OF STATE

MAY 1 2 2016

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SHOOSTER FINE ART LUC  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:
PRANK Bilotta Name of Person
SPOTLIGHT GALLERY LLC Firm/Company
706 ViA GEDOVA Address
PRANK @ 5: LVEL SCREEN ARTISTS. COM
FRANK & SILVELS CLEEN ACTISTS. COMP E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PRANK Bilot 74 at (631) 875-0889  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & \$60.00 Filing Fee, 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

SHOUSTER FILE HALL	al	
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4260006865	were filed on $4/4/16$ and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
5/67 LiGHT 6/1/ERY The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.I.	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 of	TOG VIA GERVA  DELFTELD BERLY, FL 3	93442
registered agent and/or the new registered office address her		
Name of New Registered Agent:	N/14 ====================================	<b>5</b>
New Registered Office Address:	Enter Florida street address	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	City , Florida Zip Code	111
New Registered Agent's Signature, if changing Registered Agent:	T: 4. ORID	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with provided for in Chapter 605, F.S. Or, if this docu	h and ment is

Page 1 of 3

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 **Type of Action** <u>Address</u> <u>Name</u> STEPHEN SHOOSTER MARGATE, FL 33068 Remove \_ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove 5 Y-9ve Remove Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00