

L16000068652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

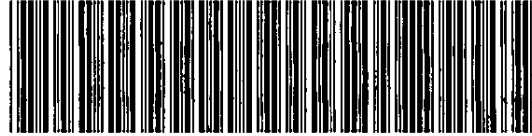
(Business Entity Name)

(Document Number)

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10 MAY 13 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOOTER FINE ART, SPOTLIGHT 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:

FRANK BILOTTA
Name of Person

BILOTTA GALLERY LLC
Firm/Company

706 VIA GENOVA
Address

DEENFIELD BEACH, FL 33442
City/State and Zip Code

FRANK @ SILVER SCREEN ARTISTS . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANK BILOTTA at (631) 875-0859
Name of Person Area Code Daytime Telephone Number

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SECRETARY OF STATE

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**

SIMONSTEEL FINE ART, SPOTLIGHT 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 April 4th 2016 and assigned Florida document number 216000068652

This amendment is submitted to amend the following:

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

BILOTTA GALLERY LLC
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)

FRANK BILOTTA
706 VIA GENOVA
DEERFIELD BEACH, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

STEVEN BARAD
541 EMERALD WAY WEST
DEERFIELD BEACH, FL 33442

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:

N/A

Enter Florida street address

_____, Florida

City

Zip Code

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TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>FRANK BILOTTA</u>	<u>706 VIA GENOVA</u>	☒ Add
		<u>DEERFIELD BEACH FL 33442</u>	☐ Remove
			☒ Change
<u>AMBR</u>	<u>STEVEN BACARD</u>	<u>541 EMERALD WAY WEST</u>	☐ Add
		<u>DEERFIELD BEACH, FL 33442</u>	☐ Remove
			☒ Change
<u>AMBR</u>	<u>STEPHEN SHOSTER</u>	<u>777 SOUTH STATE RD. 7</u>	☐ Add
		<u>MALIBU FL 33068</u>	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

~~★~~ THIS COMPANY WAS FILED ON APRIL 3RD 2016.
I CHANGED THE NAME FROM SHROSTER FINE ART
TO SPOTLIGHT GALLERY LLC. NOW I NEED TO
CHANGE THE NAME TO "BILOTTA GALLERY LLC".
VERY SORRY FOR THE CONFUSION & P.P.
ALSO PLEASE NOTE THAT STEPHEN SHROSTER
WAS ORIGINALLY A MEMBER AND NOW IS
OFF COMPLETELY.

PLEASE CALL ME WITH ANY QUESTIONS AT
631-675-0859.

~~★~~ PLEASE ALSO NOTE THAT I DO NOT WANT
SHROSTER GALLERY OR SPOTLIGHT GALLERY TO SHOW
ON ANY NAMES OF THE COMPANY. IT SHOULD
ONLY NOW SAY "BILOTTA GALLERY LLC".

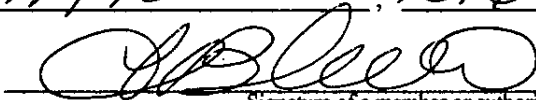
E. Effective date, if other than the date of filing: _____ (optional)

(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 MAY 12TH, 2016.



Signature of a member or authorized representative of a member

FRANK BILOTTA

Typed or printed name of signee

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MAY 13 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA