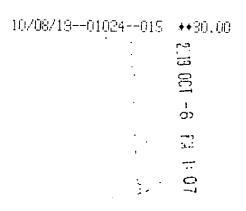
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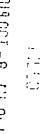
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DATE:

10/8/19

NAME: HOME GALLERY & STUDIOS, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

COVER LETTER

	Registration Se Division of Cor					
SUBJECT		LLERY & STUDIOS, LLC				
SUBJECT	ı: <u></u> _	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	urn all correspo	ndence concerning this matter	to the following:			
		Simon D. Rothstein, Esq.				
			Name of Person			
		Adams, Rothstein & Siege	l, P.A.			
	2019 (CT -8					
	Jacksonville, Florida 32207					
		skiplaw@arsjaxlaw.com		9: 1		
For further	r information c	n-mail address; (oncerning this matter, please c	to be used for future annual report notification) all:	വ		
Simon D.	Rothstein		904 398-1419			
	Name o	f Person	at () Area Code Daytime Teleph	one Number		
Enclosed i	s a check for th	ne following amount:				
□ \$25.00) Filing Fee	\$30.00 Filing Fee & Certificate of Status				
	Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIER AD Registration Section Division of Corporations Clifton Building	DRESS:		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME GALLERY & STUDIOS, LLC

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

(TTIOTAL)	. Damies indiviny company,	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L19000041887	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
HOME STREET GALLERY & STUDIOS, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	72-
		- 190
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>.</u>	22
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<u> </u>
	, Floric	ła
	City	la Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence to the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I gent as provided for in Chapter 605, F.S	am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	ew 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>	Address	Type of Action		
					
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be p	prior to date	of filing or n	iore than 90 d	ays after tili:	ng.) Pursuai	nt to 605.	0207 (
Note: If the date inserted in this block does not meet the ap locument's effective date on the Department of State's reco		tatutory filir	ig requireme	nts. this da	te will not	be liste	dast
e record specifies a delayed effective date, but The 90th day after the record is filed.	t not an	effective	time, at 1	2:01 a.m	n. on the	e earlie	er of:
Dated October 2019							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00