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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations				
SUBJECT:	Name of Limi	O GALLERIE:	<u> </u>		
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.			
		-			
Please return all correspoi	ndence concerning this matter t	to the following:			
	CHRIS	Name of Person	TED		
		Firm/Company			
	3920	CENTRAL AI	VENUE_		
	<u>5</u> T	PETE 5.33 City/State and Zip Code	5711		
	1NQUIDE E-mail address: (t	O DE used for future annual report notific	ALFINEART.COM		
For further information ec	oncerning this matter, please ca				
STACY Name of	DE PAOLA Person	at (<u>352)</u> 653 Area Code Daytime	0526 Telephone Number		
Enclosed is a check for th	e 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 S		Street Address: Registration Sec	rtion		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 632	= -	The Centre of T	='		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	Ž.	2020 1 - 8 7 11 35	
- INK FL	AM INGO	GALLELIES	_
(Name of the Limited Liability Co	ompany as it now appea ited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L190028589</u>	oany were filed on		ssigned
riorida document number	(
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
GRAND CENTRAL The new name must be distinguishable and contain the words "Limited I	FINEA	PT ILC.	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the o	designation "LLC" or the abbreviation	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	$_{0}$ $_{\sim}$ $_{\sim}$		
	 -		
	1		
Enter new mailing address, if applicable:	NA		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our r	records, <u>enter the name of the n</u>	ew registered
	1		
Name of New Registered Agent:	J/A		
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	
	City	, Fioriua Zip Cod	t'

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>	Name	Address	Type of Action
<u>M5</u>	LISA KILLEEN	3920 GRAND CENTRA	<u>∟</u> □∧dd
		AVENUE ST PETE	Remove
		5_33711	
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an effective d lote: If the	te, if other than the date is listed, the date must date inserted in this blooffective date on the De	be specific and car ock does not meet	not be prior to the applicab	date of filing or mo	re than 90 days a	otional) fler filing.) Pursuant this date will not b	to 605.0207 be listed as
record speci l is filed.	ifies a delayed effective	date, but not an	effective tim	e, at 12:01 a.m. o	n the earlier of	(b) The 90th da	y after the
ated	12/27/19	14/14	\/	. •			
_		Signature of a men	とり iber or authori	zed representative	of a member		
		hristop					

Filing Fee: \$25.00