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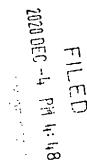
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COVER LETTER

Division of Cor			•
	« MOLINA FLOG	ORING GALLERY LLC	Lability Company ed for filing. se following:
SUBJECT:	MOLINA FLOC	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DELMER	G. MOLINA CASTELLANOS	
		Name of Person	
	MOLINA FLOC	ORING GALLERY LLC	
		Firm Company	
	618	8 MORNING MIST LN	
		Address	
	LI	EHIGH ACRES Ft. 33974	
		City-State and Zip Code	
	YASMELISMOLINA0108	arICLOUD.COM to be used for future annual report note	Contour.
Con Combon To Company			ncausas
	oncerning this matter, please ea		
DELMER G MOLINA C	ASTELLANOS	786 065-9425 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 (s enclosed)
Mailing Addres Registration S	Section	<u>Street Address:</u> Registration Se	
Division of C	orporations	Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ING GALLERY LLC	
(Name of the Limited Liability of A Florida L.	Company as it now appears on our records.) united Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number 1.20000235676		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company bere:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	(SS)	
		2920
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the n</u> a	ime of the new registere
Name of New Registered Agent:		
Name Daniel arased C197 as A. Discourse		
New Registered Office Address:	Enter Florida street oddross	· · · · · · · · · · · · · · · · · ·
	Florida	
·	, Florida	Zip Code

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>	Address	Type of Action
AMBR	YASMELI GONZALEZ	618 MORNING MIST EN LEHIGH ACRES FL 339	74 ≣ Add
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in effective date is fisted, the date mus <u>nte:</u> If the date inserted in this bl peament's effective date on the D	t be specific a ock does not	nd cannot be pi I meet the app	dicable stat	filing or more t utory filing re	han 90 days afte	t filing.) Pursu	ant to 605,020 of he listed as
ecord specifies a delayed effective is filed.	e date, but n	ot an effectiv	e time, at 11	2:01 a.m. on t	ie earlier of: (l	r) The 90th	day after the
NOVEMBER 16		2020					
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					member		
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Filing Fee: \$25.00