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COVER LETTER

TO:

Taliahassee, FL 32314

TO: Registration So Division of Co			
SUBJECT: Dunedin G	iallery LLC		•
SOBJECT.	Name of Lin	sited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	David Braun		
		Name of Person	
	Dunedin Gallery LLC		
		Firm/Company	
	200 Main Street #103	Address	2001 HAY 21 PH 1:12 SELVETARY SEE FILE TALL AND SEE FILE
		Address	門意
	Dunedin, Florida 34698		2
	sales@livefree.ink	City/State and Zip Code	第9 B
	_	to be used for future annual report notificati	on)
For further information o	concerning this matter, please c	all:	m
David Braun		at (727) 5863653	
Name o	of Person		ephone Number
Enclosed is a check for t	he 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 5		Street Address: Registration Section	1
Division of C P.O. Box 632	Corporations	Division of Corpora	ations
F.O. DOX 034	. 1	The Centre of Talla	Hassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dunedin Gallery LLC		SE 1911
•	Company as it now appears on our records.)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
(A Florida I	Company as it now appears on our records.) Limited Liability Company)	150 5 1
The Articles of Organization for this Limited Liability Co	mpany were filed on April 30 2024	and assigned
Florida document number L24000202318		
	<u></u> .	
This amendment is submitted to amend the following:		12.7 L
· ·		(,,
A. If amending name, enter the new name of the limite	ed liability company here:	
Th		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
		- · · · · - · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
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Enter new mailing address, if applicable:		اورين
(Mailing address MAY BE A POST OFFICE BOX)		
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		્રા •
B. If amending the registered agent and/or registered of	office address on our records, enter the r	name of the new registered
agent and/or the new registered office address here:	, 	
Name of New Registered Agent:		
M. D. C. LOCC ALL		
New Registered Office Address:	r	
	Enter Florida street address	
	, Florida	
	City	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 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
MGR	David Braun	1857 S Lake Ave, Clearwater, FL 33756	= Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
		-	Add SECTA DRZ4 HAY
			SECRE TARK OF STATE TARK OF STATE Add Charse F. F.L
			□Remove
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F F # 1							
(If an effec	tive date is listed, th	than the date of filite e date must be specific at in this block does not	nd cannot be prior t	o date of filing or mor ble statutory filing	(option re than 90 days after fi requirements, this	iling.) Pursuant to 605	.0207 (3)(t
documen	it's effective date	on the Department of	State's records.		·		
If the record :	specifies a delaye L	d effective date, but no	ot an effective tin	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day after	the
Dated M	lay 13		2024	_ ·			
<i></i>			~ .	_	S		
			\sim	ized representative o			

Typed or printed name of signee