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SECRETARY OF STATE

C. LEWIS

APR 1 9 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Stephanie Fylstra Photography, 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:	
Stephanie Boyles Name of Person	
Soft Light, LLC.	
13610 Hidden Forest Cir.	
Orlando, FL 32828 City/State and Zip Code	
Stephanie & softlight photo. com Elmail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Stephanie Boyles at (727) 460-5964 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status \$55.00 Filing Fee \$Certificate of Status \$Certificate of Status \$Certified Copy \$Certified Copy \$Certified Copy \$Certified Copy	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephanie Fylstr	a Photography, LC.
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	vere filed on NOV. 22, 2010 and assigned and assigned and assigned are:
This amendment is submitted to amend the following:	治学者の
A. If amending name, enter the new name of the limited liabili	ity company here:
Soft Light, LLC.	
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	13610 Hidden Forest Cir.
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	13610 Hidden Forest Cir Orlando, FL 32828
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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April	15 , 2013.
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	Signature of a member or authorized representative of a member

Filing Fee: \$25.00