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JUL 20 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: NAME CHANGE EXUMA PARTNERS 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: |
| MAX STRANG |
| Name of Person |
| |
| Firm/Company |
| 4080 DOUGLAS ROAD |
| Address For B |
| MIAMI FL 33133 5 5 7 |
| City/State and Zip Code |
| MIAMI FL 33133 City/State and Zip Code MWS+13ng@Mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: |
| MAX Name of Person at (305)_205 8789 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\$ \$60.00 Filing Fee, \text{Certified Copy} (additional copy is enclosed)}\$\$ |
| |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXUMA PARTNERS LLC

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

| The Articles of Organization for this Limited Liab | ility Company | were filed on | Z003 | and assign | ed |
|--|--------------------|---|-------------------------|---|--------|
| Florida document number L030000 | 2033 | , | | | |
| This amendment is submitted to amend the follow | ing: | | | | |
| A. If amending name, enter the new name of the | ne limited liabi | lity company here: | | | |
| MAX STRAN | 6 PHOT | tography L | K | | |
| The new name must be distinguishable and end with t "L.L.C." | | | | | |
| Enter new principal offices address, if applicab | le: | 4080 DOU | 6LAS ROAI | SE 2 32 | ~71 |
| (Principal office address MUST BE A STREET. | <u>ADDRESS)</u> | MIAMI FL | 33133 | L 17 | |
| Enter new mailing address, if applicable: | | 4080 DOU MIAMI FL 3109 GRAND MIAMI, FL | AVE, | 168 15 150 150 150 150 150 150 150 150 150 150 | |
| (Mailing address MAY BE A POST OFFICE BO | <u>0X)</u> | MIAMI, FL | 33133 | 新五 | |
| | | • | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | _ | | ecords, <u>enter th</u> | e name of 1 | he new |
| Name of New Registered Agent: | IAX STR | 044 | | | |
| New Registered Office Address: AU | 080 DOU! AMI FL | ALAS ROAD . 33133 Enter F | lorida street addre | ess | |
| | | | _, Florida . | a. ~ . | |
| | | 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 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 Changing Registered Agent, Signature of New Registered Agent

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: MGR = Manager MGRM = Managing Member **Type of Action** <u>Name</u> **Address** <u>Title</u> ☐ Add Remove ☐ Add Remove _ ☐ Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated_

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00