L0500000244

(Requestor's Name)

(Address)

(Address)

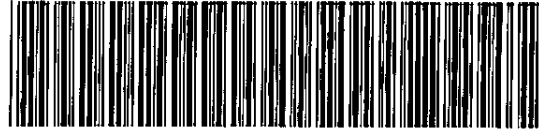(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 14 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ Fairy Tales, 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:

Nathan J. Adler
_____
(Name of Person)

Nathan J. Adler, P.A.
_____
(Firm/Company)

8695 College Parkway Suite 112
_____
(Address)

Fort Myers, Florida 33919
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Nathan J. Adler _____ at (__239__) 277-9455
_____   _____
(Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $75.00 Filing Fee ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                 (additional copy is enclosed) Certified Copy
                                                                          (additional copy is enclosed)

STREET ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
409 E. Gaines Street   P.O. Box 6327
Tallahassee, Florida 32399   Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fairy Tales, LLC
_____
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on ___January 28, 2005___ and assigned document number L05000009244_____.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:
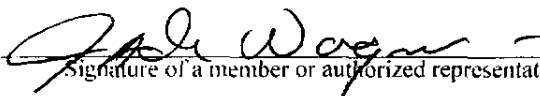
Name Change from:

Fairy Tales, LLC

to

Lasting Memories, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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Dated ___June 2___, ___2005___.

_____
Signature of a member or authorized representative of a member

Carol Wagner JACK WAGNER.
_____
Typed or printed name of signee

Filing Fee: $25.00