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EXAMINER

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COVER LETTER

то:	Registration S Division of Co			
SUBJI	ECT:	Sparks F	Photography, LLC	
			nited Liability Company	
The en	closed Articles o	of Amendment and fee(s) are su	obmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
		N	lichael J. Quicker, Esq.	2011 APR
			Name of Person	PR 2
		M	lichael J. Quicker, Esq.	To the second se
			rmin Company	
			PO Box 19797	8: 38 LORID
			Address	* ·
			Sarasota, FL 34276	
			City/State and Zip Code	
		E-mail address: (uicker.com@verizon.net to be used for future annual report notificat	ion)
For furt	ther information	concerning this matter, please	call:	
_	Michae	el J. Quicker, Esq.	at (_941_)92	:6-2338
	Name	of Person	Area Code & Daytime To	elephone Number
Enclose	ed is a check for	the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sp	arks Photography, LLC
(<u>Name of the Limited I</u>	iability Company as it now appears on our records.) Florida Limited Liability Company)
(——————————————————————————————————————
The Articles of Organization for this Limited Lia	bility Company were filed on25 January 2006 and assigned
Florida document number L060000084	112 R P T
Trottud document humber	
	で の に に に に に に に に に に に に に
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of	489 have
-	Cia Cia
	e Portrait Design & Boutique, LLC
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OY)
THURING UNITED STATE DE ATOST OFFICE D	<u></u>
	,
	registered office address on our records, enter the name of the new
registered agent and/or the new registered offi	ce 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 Changing Registered Agent, Signature of New Registered Agent