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SECRETARY OF STATE
TALL AHASSEE, FLORID

D. BRUCE

OCT 16 2008

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SHOOT!	Digital Photography Workshops		•
	(Name of Limited Liability Company)	l .	
	mendment and fee(s) are submitted for filing. dence concerning this matter to the following:		
	Kathleen Stark		
	(Name of Person)		
	Kate Stark		
	(Firm/Company)		
	385 SW 254th St	TAL	8
	(Address)		9
	Newberry, FL 32669	ASS	<u> </u>
	(City/State and Zip Code	<u>)</u>	IS MI
For further information co	ncerning this matter, please call:	FLORIDA	D
Kate Stark	at (352) 472	2-4660	-
(Name of	Person) (Area Co	de & Daytime Telephone Number)	
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy)	Certificate of Sta	
Registra Division P.O. Box	ion Section Registra of Corporations Division 6327 Clifton see, FL 32314 2661 Ex	ET/COURIER ADDRESS: ation Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOOT! Digital Photography Workshops, LLC (Name of the Limited Liability Compa	ny as it now appears on our rec	cords.)
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	, <u></u>
The Articles of Organization for this Limited Liability Company	were filed on <u>05/11/2006</u>	and assigned
Florida document number <u>L06000048558</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Kate Stark, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	385 SW 254th St	77 S
(Principal office address MUST BE A STREET ADDRESS)	Newberry, FL 32669	CLLA
		ETA OCT
		SH 5 F
Enter new mailing address, if applicable:		300 m
(Mailing address MAY BE A POST OFFICE BOX)		
•		o Fig
		7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
registered agent and/or the new registered office address ner	<u>.</u> .	
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida	street address)
	_	,
	, F. (City)	lorida(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.

(1f 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 = Ma MGRM = N	nager ⁄anaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
•			Parmanus
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	ry.)
	·		98 SEC SEC
			FIL OCT 15 RETARY
Dated Octob	per 13 2008		MIII: 0: MIII: 0: GF STATE FLORIDA
	- LAh	r or authorized representative of a member	07
	KATHLEEN V STARK	to a authorized representative of a memori	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00