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Special Instructions to	Filing Officer:	LUNT
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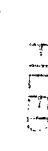
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## **COVER LETTER**

Division of Corporations			
SUBJECT: Jeffery Patrick Photogra Phy LLC Name of Limited Limbility Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jeffery Patrick Name of Person  Jeffery Patrich Photography CCC Firm/Company			
25 S. Wild flower Dr. unit 711		2012 H.	we have
Santa Rosa Beach SL 32459 City/State and Zip Code	至 7.55 7.55 7.55	HAR 22	
Sarta Rosa Beach St 32459 City/State and Zip Code  Jeffery Patricle Cymail . Com E-mail address: (to be used for future annual report notification)	in si	7	pertin
For further information concerning this matter, please call:			**************************************
Jeffery Patrick at (850) 496-4650  Name of Person Area Code & Daytime Telephone Number	r		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee \$Certified Copy (additional copy is enclosed)	ite of Sta d Copy		sed)

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

Jeffery Patrick Photography 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 Liability Company	were filed on 6/27	12006 and assigned
Florida document number <u>LO6000064615</u> .		2012 HAR 22
This amendment is submitted to amend the following:		R 22
A. If amending name, enter the new name of the limited liabi	•	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	25 S. Wil	dflower Dr. unit 211
(Principal office address MUST BE A STREET ADDRESS)	Santa Rasa	Beach, FL 32459
Enter new mailing address, if applicable:	25 S. Wil	Aflower Dr. Unit 211
(Mailing address MAY BE A POST OFFICE BOX)	Santa Ros	a Beach, FL 32459
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floi	rida street address
	<u> </u>	_, Florida
	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 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:

	anager Managing Member		
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d	March 16th . 20	12.	
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Page 2 of 2

Filing Fee: \$25.00