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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
eposition modification to 7 ming emotion.				

Office Use Only



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06/30/08--01007--005 **25.00

M. THOMAS

JUL 1 - 2008

EXAMINE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Line	dsay Parks F (Name of Limit	hotography (LLC_	
	Amendment and fee(s) are subr	_		
Please return all correspondence	ondence concerning this matter t	o the following:		
	Lindso	Name of Person)		
	LP:	Photography (Firm/Company)		DB JUN SECRI
	710	S. Park Rd #14	1-32	B JUN 30 AN II: 46
	Hollyn	sood, FL 3302 (City/State and Zip Code)	1	STATE STATE
For further information of	concerning this matter, please cal	II:		
	P. Neel of Person)	at (305) 725-09 (Area Code & Daytime T	32_	
(Name)	or rerson)	(Area Code & Daytime 1	elephone Number)	
Enclosed is a check for the	he following amount:			
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second s	
		•		

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**

Lindsay Parks Photography LLC (Name of the Lipsted Liability Company as it now appears in our refords.)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/02/2006 and assigned
Florida document number <u>L06 00095908</u> .
\cdot
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
LP Photography LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the apprexiations.
LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Trincipia Office address INCST DE A STREET ADDRESS/
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:
Name of New Registered Agent: Lindsay P. Nee
New Registered Office Address:
(Enter Florida street address)
Flavida
, Florida
New Registered Agent's Signature, if changing Registered Agent;
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action ☐ Add ☐ Remove ☐ Add ■ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated rized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00