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# **COVER LETTER**

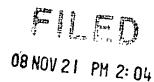
TO: Registration Se Division of Cor						
SUBJECT:	Photogya (Name of Lim	ited Liabidity Company)				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Lindso	WP. Neel (Name of Person)				
	LP3	Photography (Firm/Qompany)				
	<u> 480 s</u>	S. Park Rd +	07-210			
	Hollyw	(City/State and Zip Code)	21			
For further information concerning this matter, please call:						
Lindsa	y P. Neel	at (305) 725 - (Area Code & Daytime T	0932 (elephone Number)			
•	,	<b>,</b>	,			
Enclosed is a check for th	e 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

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



SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 780 South Park Rd Enter new principal offices address, if applicable: (Principal office address MUST BE 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: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If 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 = N MGRM =	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	<u> </u>		<b>=</b> -
			= D
	<del></del>		Dameria
			Remove
D. If amo	ending any other information, en	ter change(s) here: (Attach additional sheets, if )	DECESSARY, AHASSES PH
-			STATE FLORIDA
Dated	Nov 18	, <u>2008</u> .	······································
	Signature of	Dember or authorized representative of a member	<del></del>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00