## 100000095908

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SECRETARY OF STATE

D. BRUCE

MAY 18 2009

**EXAMINER** 

## COVER LETTER

CT:	L B BUGT					
′ · ·	LP PHOTO	OGRAPHY, LLC				
		ted Liability Company				
osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
turn all correspo	ondence concerning this matter	to the following:				
		LINDSAY P. NEEL		_		
		Name of Person				
		Firm/Company		-		
	780 SOUT		10	SEO TALLY	09	
		Address		RETA	MY I	1
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		at \				
Name o	of Person	Area Code & Daytime	Telephone Numb	er		
d is a check for t	he following amount:					
00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certific	ate of Standard	ıtus &	osed)
Regist	ration Section	Registration Section	n			
	er information of Ric Name of the Ric Name of the Ric Mall Regist	780 SOUT  HO  lindsaypa E-mail address: (a  mer information concerning this matter, please of Richard Matthias  Name of Person  d is a check for the following amount:  00 Filing Fee \$30.00 Filing Fee &	Firm/Company  780 SOUTH PARK ROAD, APT. 07-2 Address  HOLLYWOOD, FL 33021 City/State and Zip Code  lindsayparksphotography@gmail.cor E-mail address: (to be used for future annual report notifice their information concerning this matter, please call:  Richard Matthias Name of Person Area Code & Daytime  A is a check for the following amount:  OF Filing Fee Certificate of Status  MAILING ADDRESS: Registration Section  STREET/COURII Registration Section	LINDSAY P. NEEL  Name of Person  Firm/Company  780 SOUTH PARK ROAD, APT. 07-210  Address  HOLLYWOOD, FL 33021  City/State and Zip Code  lindsayparksphotography@gmail.com  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  Richard Matthias  Name of Person  Area Code & Daytime Telephone Numb  Area Code & Daytime Telephone Numb	LINDSAY P. NEEL  Name of Person  Firm/Company  780 SOUTH PARK ROAD, APT. 07-210  Address  HOLLYWOOD, FL 33021  City/State and Zip Code  lindsayparksphotography@gmail.com  E-mail address: (to be used for future annual report notification)  per information concerning this matter, please call:  Richard Matthias  Name of Person  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number	LINDSAY P. NEEL  Name of Person  Firm/Company  780 SOUTH PARK ROAD, APT. 07-210  Address  HOLLYWOOD, FL 33021  City/State and Zip Code  lindsayparksphotography@gmail.com  E-mail address: (to be used for future annual report notification)  Per information concerning this matter, please call:  Richard Matthias  Name of Person  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  So Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section  Registration Section  Registration Section

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LP PHOTOG	GRAPHY, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	10/02/2006	and assigned
Florida document numberL06000095908			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here	:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compan	y," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		_ <del>_</del>	SE SE
	<del></del>		AR B
Enter new mailing address, if applicable:			15 17 15 17 15 17 15
(Mailing address MAY BE A POST OFFICE BOX)			- F F F
			ORAL C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ır records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	<del></del>		
	Ente	er Florida street a	ddress
		, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u> </u>	Address	Type of Action
MGRM	Joshua B. Neel	£.	/80 SOUTH PARK ROAD, APT, 07-210 HOLLYWOOD FL 33021	
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				Add Remove
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D. If amend	ing any other information	n, enter change(s) l	nere: (Attach additional sheets, if ned	cessary.)
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Dated	May 12	, 2009	_·	PH 2: 44  OF STATE FLORIDA
	Signat	ure of a member of	uthorized representative of a member	
	_		ard Matthias	
			inted name of signee	

Page 2 of 2

Filing Fee: \$25.00