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COVER LETTER

SUBJECT: DE IUY INC. (Name of Limited Liability Company)		
(Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Ileana Hiranda (Name of Person)		
(Firm/Company)	2007 SEI	
	CRE	~~~\\ <u>`</u>
7600 N.W. 168 St. (Address)	3 12 TAR) ASSI	il Cantan estatos
(Address)		£
Hialeah, FL 33015	2007 FEB 2 AM 10: 58 SECRETARY OF STATE FALLAHASSEE, FLORIO	- 15 - 15 - 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14
(City/State and Zip Code)	10g TE 58	
For further information concerning this matter, please call:		
Ileana Hiranda at (305) 310-8365 (Name of Person) (Area Code & Daytime Telephone I		
(Name of Person) (Area Code & Daytime Telephone I	Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	O Filing Fee, e of Status & Copy al copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

	(Present Name) (A Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	_ -
ST:	The Articles of Organization were filed on <u>09 05 2007</u> and assign document number <u>L-07000012834</u> .	ned	
OND:	This amendment is submitted to amend the following:		
	Name Change to:	SECRETALIANA	_
	DE ILLY PHOTO LLC	ARY (_
		OF STATE	7
		····	_
			-
D			_
d 76	bruary.05, 2007.		
	Llana Muan Da Signature of a member or authorized representative of a member		
	Tleana Livanda Typed or printed name of signee		

Filing Fee: \$25.00