

LD7000047143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

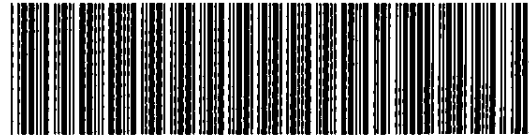
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 30 2011

EXAMINER

ALBERT J. STOPKA, III, P.A.

ATTORNEY AT LAW
P. O. Box 300
-108 Mosley Drive
Lynn Haven, FL 32444

Telephone: (850) 785-6600

Facsimile: (850) 872-9158

August 26, 2011

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Asyncritus Technology, LLC Name Change Amendment
Our File No. 1285.1

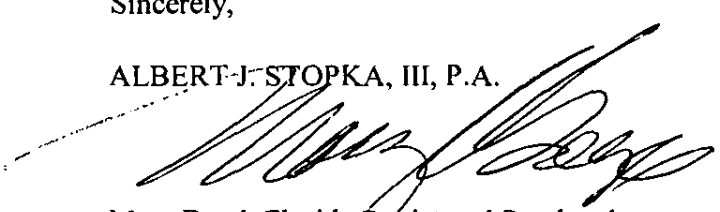
To Whom It May Concern:

Enclosed please find our firm's check in the amount of \$25.00 and the original Articles of Amendment to Articles of Organization for the above referenced LLC to change the name to MICHAEL NEWMAN PHOTOGRAPHY, LLC.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to give me a call

Sincerely,

ALBERT J. STOPKA, III, P.A.


Mary Boyd, Florida Registered Paralegal
to
Albert J. Stopka, III

/mb
Enclosure(s)

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ASYNCRITUS TECHNOLOGY, LLC**

FIRST: The Articles of Organization were filed on May 2, 2007, and assigned document number L07000047143.

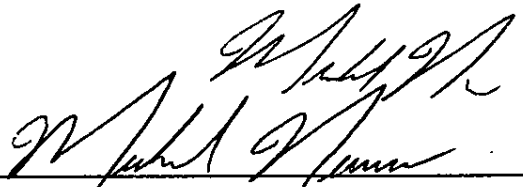
SECOND: This amendment is submitted to amend the name of the limited liability company in Article I and was adopted by the members of the limited liability company as follows:

“Article I

The name of the Limited Liability Company is:

MICHAEL NEWMAN PHOTOGRAPHY, LLC”

Dated and executed by the undersigned at Panama City, Florida on this 22nd day of August, 2011.



Michael Newman
As: Authorized Managing Member



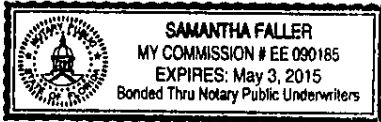
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BAY

The foregoing Articles of Amendment to Articles of Organization of ASYNCRITUS TECHNOLOGY, LLC, was acknowledged before me this 22 day of Aug, 2011, by MICHAEL NEWMAN, as authorized Managing Member of ASYNCRITUS TECHNOLOGY, LLC, a Florida limited liability company, who: (Notary **must** check applicable box)

- is personally known to me.
- produced a current Florida driver's license as identification.
- produced _____ as identification

(SEAL)



Samantha Faller
Samantha Faller
(Print Name)

Notary Public
Commission # EE 090185
My Commission Expires: 5/3/15

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TALLAHASSEE, FLORIDA
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