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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JAN 19

EXAMINER

COVER LETTER

TO: ˚. **Registration Section**
Division of Corporations

SUBJECT: _Graphic Ops, LLC._

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:

Brian Seidman

Name of Person

Graphic Ops, LLC.

Firm/Company

633 Buoy Lane #108

Address

Altamonte Springs, FL 32714

City/State and Zip Code

_art_chick47@hotmail.com_

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Pecoraro   at (_407_) _456_-_0320_

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee   ☑ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                   Certificate of Status   Certified Copy   Certificate of Status &
                                    (additional copy is enclosed)   Certified Copy
                                                          (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                             Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Graphic Ops , LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on __5/30/2007__ and assigned
Florida document number __L07000057126__.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here:</u>

Artista by Angelina Photography , LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."

Enter new principal offices address, if applicable: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u>
<u>registered agent and/or the new registered office address here:</u>**

Name of New Registered Agent: Angelina Pecoraro

New Registered Office Address: 633 Buoy Lane #108

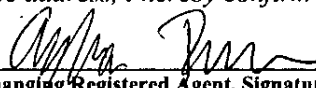   *Enter Florida street address*

Altamonte Springs , **Florida** 32714

          City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

*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, <u>Signature of New Registered Agent</u>

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> <u>or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brian Seidman	633 Buoy Lane #108 Altamonte Springs, FL 32714	☐ Add ☑ Remove
MGRM	Angelina Pecoraro	633 Buoy Lane #108 Altamonte Springs, FL 32714	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated ___January 12___, ___2011___.

_____
Signature of a member or authorized representative of a member

Brian Seidman

_____
Typed or printed name of signee

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Filing Fee: $25.00