W700078335

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M. THOMAS

JUL 1 5 2008

EXAMINER

COVER LETTER

O: Registration Section

Division of Corporations

SUBJECT: DEBORAH LEE PHOTOGRAPHY 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:

DEBORAH LEE	
	(Name of Person)
DEBORAH LEE PHOTOGRA	APHY LLC
,	(Firm/Company)
516 GREELY STREET	
	(Address)
ORLANDO, FL 32804	
(Cit	y/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH LEE

at (321) 278-4442

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBORAH LEE PHOTOGRAPH (Name of the Limited	lY LLC <u>d Liability Company as it now a</u> A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited L Florida document number L07000078335	Liability Company were filed or	JULY 30, 2007	_ and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability compan	y here:	
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability C	Company," the designation "LLC	or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	A	SEC J
Enter new mailing address, if applicable:		20 20 20 20	
(Mailing address MAY BE A POST OFFICE	BOX)	ORI	Α
)	π
B. If amending the registered agent and/ registered agent and/or the new registered o		on our records, enter the	name of the new
Name of New Registered Agent:	DEBORAH E LEE		
New Registered Office Address:	516 GREELY STREET	(Enter Florida street addres	ge)
	ODI ANDO	·	,
	ORLANDO (City)	, Florida <u>32804</u>	(Zin 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 amording 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>	Address	Type of Action	
			Add Remove	
			Add Remove	
		·	Add Remove	
	· 		Add Remove	
			Addr Remove	
·			SAL Ada Remove	
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_				
Dated	,	·		
		nember of authorized representative of a member		
	SEAN HENRY	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00