

L0700 0695293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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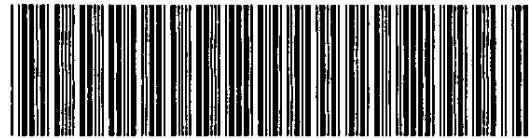
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
13 AUG 15 PM 3:24

AUG 16 2013

T. HANCOCK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little Life Imaging 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:

Frank X. Diau Jr.

Name of Person

Little Life Imaging LLC

Firm/Company

2691 Villagio Blvd.

Address

St. Cloud, FL 34772

City/State and Zip Code

LilPenopoly29@hotmail.com

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

For further information concerning this matter, please call:

Penelope C. Wicher

Name of Person

at 407 873-2210

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Little Life Imaging 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 9/18/2007 and assigned
Florida document number LO 70000 95293

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This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

213 S. Dillard St. Suite 110
Winter Garden, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

213 S. Dillard St. Suite 110
Winter Garden, FL 34787

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

Name of New Registered Agent:

Penelope C. Wicher

New Registered Office Address:

213 S. Dillard St. Suite 110

Enter Florida street address

Winter Garden, Florida 34787

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.

Penelope C. Wicher
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>Address</u>	<u>Type of Action</u>
MGR	Tracy K. Loberge	3494 Harlequin dr. St. Cloud, FL 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Renee M. Diauto	2691 Villagio blvd. St. Cloud, FL 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Frank X Diauto Jr	2691 Villagio blvd. St. Cloud, FL 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Penelope C Wicher	1800 Cherrywood Ct. St Cloud, FL 34269	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Remove
Remove
Add
Remove

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

Dated August 13, 2013.

Penelope C Wicher

Signature of a member or authorized representative of a member

Penelope C Wicher

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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