L08000010521

(Re	equestor's Name)	
(Ac	idress)	
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T. CLINE

OCT 14 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Petals	& Pixels Photograph	v. LLC			+
•		ited Liability Company)			-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	-			
	Dena M. Elkins		•		
		(Name of Person)			·
	Dena Elkins Photograph	y, LLC			
		(Firm/Company)			
	4851 SW 186th Court				
		(Address)			
	Dunnelion, FL 34432				
		(City/State and Zip Code)			
For further information of	concerning this matter, please c	all:			
Dena Elkins	CD	at (352) 875-3988			
(Name	of Person)	(Area Code & Daytime T	elepnone Number)		
Enclosed is a check for t	he following amount:			SEC	3 5 6
□ \$25.00 Filing Fee	☑\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	ot Status &	sed) prepare
Regist Divisi P.O. E	ration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	57 3.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 Petals & Pixels Photography, LLC 		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 30, 2008	and assigned
Florida document number L08000010521		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Dena Elkins Photography, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	4851 SW 186th Court	
(Principal office address MUST BE A STREET ADDRESS)	Dunnellon, FL 34432	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
The state of the s	<u> -</u>	I CRE
Name of New Registered Agent:		ASA _
New Registered Office Address:		SEF O
iven registered office Address.	(Enter Florida street add	rost) 1
	. Florida	IO: 5
	(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.

(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

2	<u>Name</u>	<u>Address</u>	Type of Action
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			Add Remove
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f amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if neces	esarv.)
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Filing Fee: \$25.00