1000013390

(Address)
/A.I.I.
(Address)
(City/State/Zip/Phone #)
D DICK HD D MAIT D MAII
PICK-UP WAIT MAIL
(Durings Fields Marry)
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
,
Special Instructions to Filing Officer:
•

Office Use Only



900120942089

03/24/08--01050--006 **25.00

08 MAR 24 PM 1: 13

STATE PORATIONS

barnolly

MAR 2 6 2008

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: UNIQUE PHOTO! (Name of I	Limited Liability Company)
The end	closed Articles of Amendment and fee(s) are	submitted for filing.
Please r	return all correspondence concerning this ma	tter to the following:
	M	(Name of Person)
	_vnique ph	ptography & Desiler (Firm/Company)
	1214 A	(Address)
	Miami P	(City/State and Zip Code)
For furt	her information concerning this matter, please	se call:
	(Name of Person)	at (305) 788 · 0102 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following amount:	
\$25	.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	s 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

AKII	CLES OF ORGANIZATIV	JN .	o \(\frac{1}{2}\).
	OF		480 SEIAIG
			三 2 元
Mali mule Delata	Laphy Lacitary	l 1 1.	SECRETAR IVISION OF C
(Name of the Limited)	VAPN BESIDN Liability Company as it now appears Florida Limited Liability Company)	on our records.)	0~11
(A	Florida Limited Liability Company)		P
			그 존식
The Articles of Organization for this Limited Lia	ability Company were filed on	2 · 6 · 08	and assigned
Florida document number <u>L080000133</u>	·a n		ယ နို့
i iorida document number			
This amendment is submitted to amend the follo	wing:		
	_		
A. If amending name, enter the new name of	the limited liability company here	<u>.</u> •	
District Shotoaya Phy	1 and nacital	1- V. V.	
Unique photographu The new name must be distinguishable and end with	the words "Limited Liability Compar	w" the decignation "I I	C" or the abbreviation
"L.L.C."	the words Elimited Elability Compar	ly, the designation Li	or the aboreviation
B. If amending the registered agent and/o		ar records, <u>enter th</u>	e name of the new
registered agent and/or the new registered off	<u>ice address here</u> :		
Name of New Posistered Agents	Majuol Diaz		
Name of New Registered Agent:	11/4/001 5/42	-	
New Registered Office Address:	1214 Alton T	nad Apt	. ZUS
	(En	ter Florida street add	
	Miami Beach (City)	, Florida	33139
	(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 MGRM = Managing Member **Address** Type of Action **Title** Name MORP Miami Beach, FL 33139 MAILOI DIAZ VENNIFEY Tavavez MURM 6745 NW 169 street * MIAMI, FL 33015 Remove Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New principle address 1214 Alton dep Apt. 205 Miami Beach, FU 33139 , 2008. Dated MARCH 3 Signature of a member of authorized representative of a member MAI WI DIAZ
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00