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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

APR 0 5 2016

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lime Light Photos, LLC.  Name of Limited Liability Company
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:
Jason Raveling
Name of Person
Limelight photos LLC Firm/Company
Firm/Company
282 W Hillsburg Blud Address
Address
Deerfield Beach, FL 33441
Decr field Beach FC 33441  City/State and Zip Code  INFO @ NEOART photography. Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
Tason Raveling at (954) 366-5652  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

Limelight P	ho to 5	LLC.		
(Name of the Limited)	<b>Liability Compa</b> Florida Limited	nny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab		were filed on		and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, <u>enter the new name of th</u>	ne limited liab	oility company her	re:	
NEDART Photography L' The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>			
		<del></del>		
Enter new mailing address, if applicable:	ועו		· ::=	
(Mailing address MAY BE A POST OFFICE BO	<u>/A)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic			our records, enter	the name of the new
registered agent and/or the new registered offic	e address her	<u></u> .		
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flori	da street address	
			, Florida _	Zip Code
New Registered Agent's Signature, if changing Reg	nistered Agent:	Ciţv		Zip Code
		_		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete red agent as gistered office	e performance of i provided for in C	ny duties, and I am hapter 605, F.S. Or	familiar with and ; if this document is
company has been notified in writing of this ch	ange.		SON SON	<u> </u>
			S.F.C	ס ס
	If Cha	nging Registered Age	ent, Signature of New R	tegistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00