

LD8 000085660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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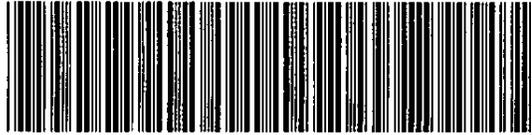
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FEB 19 2010

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 18 PM 1:34

COVER LETTER

COPY

**TO: Registration Section
Division of Corporations**

SUBJECT: Sorriso 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:

Sarah L. Schultz

Name of Person

Sorriso Photography, LLC

Firm/Company

3466 Bravada Way

Address

Naples, FL 34119

City/State and Zip Code

sarahwschultz@gmail.com

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

For further information concerning this matter, please call:

Sarah L. Schultz

Name of Person

at (**239**)

207-9723

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**

Sorriso Photography 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 09/08/2008 and assigned Florida document number L08000085660.

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:

3466 Bravada Way

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34119

Enter new mailing address, if applicable:

3466 Bravada Way

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34119

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DIVISION OF CORPORATION
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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:

Sarah L. Schultz

New Registered Office Address:

3466 Bravada Way

Enter Florida street address

Naples

Florida

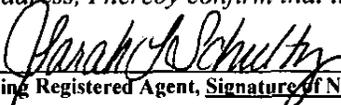
34119

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Margaret Stewart	1750 Reuven Circle #2 Naples, FL 34112	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sarah L. Smith	5255 Birmingham Dr. #202 Naples, FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sarah L. Schultz	3466 Bravada Way Naples, FL 34119	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 7, 2009



Signature of a member or authorized representative of a member

Sarah L. Schultz

Typed or printed name of signee