## 60800097016

(Requestor's Name)	<u> </u>			
(Address)				
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(Document Number)				
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10/20/08--01010--004 \*\*25.00



S. HAWKES

OCT 2 1 2008

EXAMINER

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Anni Photography, LLC.						
(Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspo	ndence concerning this matter	to the following:				
	Rita Roser					
		(Name of Person)				
	Anni Photography, LLC.					
(Firm/Company)						
	PoBox 19034					
		(Address)	<del></del>			
	Sarasota, FL. 34276					
	Odidood, 1 2. 0 12. 0	(City/State and Zip Code)				
For further information co	oncerning this matter, please c	all:				
Rita Roser		at ( 941 <sub>)</sub> 284-7845				
(Name o	of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the	e following amount:					
<b>☑</b> \$25.00 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		STREET/COURIER Registration Section Division of Corporatio Clifton Building	ns			
Tallahassee, FL 32314		2661 Executive Center Tallahassee, FL 32301				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anni Photography, LLC.				
(Name of the Limited Liabili (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)		
`	,			
The Articles of Organization for this Limited Liability	Company were filed on October '	14th 2008 and assigned		
Florida document number L08000097016	<u>_</u> .			
This among descent is submitted to a second the Callerian				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
Annika Roser Photography, LLC.				
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," t	- <del>217</del> 1		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)	O Turnia		
		TO B CONTRACTOR		
Enter new mailing address, if applicable:		N		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	361		
Transaction of the Party of the	<del></del>			
	<del></del>			
B. If amending the registered agent and/or regi	stered office address on our re	ecords, enter the name of the nev		
registered agent and/or the new registered office ad		Services number of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	. Florida			
	(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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N MGRM =	Manager = Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del> </del>			Add Remove
	<del> </del>	·	Add Remove
<del> </del>	<del> </del>		Add Remove
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Remove Remove
	ending any other information, Ownership Share	enter change(s) here: (Attach additional sheets	The same of the sa
=	Annika Roser: 85%		<del>.</del>
	Linda Roser: 10%		
<u>-</u>	Rita Roser: 5%		
Dated <u>Oc</u>	tober 15th	2008.	iber
	Rita Roser		
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00