## L090000 48857

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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05/11/09--01006--007 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

M. THOMAS
MAY 1 2 2009

## **COVER LETTER**

	tration Section on of Corporations	•	
SUBJECT: _	Master	r Photography LLC	
50 <b>0</b> 01011 _		Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are	e submitted for filing.	
Please return a	Il correspondence concerning this ma	atter to the following:	
		Fabio Ventresca	
		Name of Person	
	ı	Master Photography, LLC	
		Firm/Company	
		4025 SW 159th Ave	
		Address	E B B
		Miramar, Florida 33027	ZOOS MAY 11 PM 1: 02 SECRETARY OF STATE ALLAHASSEE, FLORID
	<del></del>	City/State and Zip Code	
		fabiovent@msn.com	EFE PE
		ess: (to be used for future annual report notification)	I: 0
For further info	ormation concerning this matter, plea	ase call:	02 E
	Fabio Ventresca	at (_954 ) 433-3856	<del>_</del>
	Name of Person	Area Code & Daytime Telephone Numbe	r
Enclosed is a c	heck for the following amount:		
25.00 Filis		-	ate of Status &
		(additional copy is enclosed) Certified (addition	d Copy nal copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
	P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Master I	Photography LLC	·	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appear imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	05/01/09	and assigned
Florida document numberL0900042857	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	nny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		,	200 SE
(Principal office address MUST BE A STREET ADDR.	<u></u>		AH T
			ASS.
Enter new mailing address, if applicable:			YOF S
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		ATT 02
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street aa	Idress
	Lie		
	City	, Florida _	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

4 6

MGR = Manager

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:

MGRM = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR_	Veronica Narvaez	4025 Sw 159th Ave. Miramar FL 33027	_□ Add □ Remove
MGRM_	Fabio Ventresca	4025 SW 159th Ave. Miramar FL 33027	✓ Add Remove
MGRM_	Veronica Narvaez	4025 SW 159th Ave. Miramar FL 33027	<mark>'</mark>
			Add Remove
<del></del>			_∏Add _∏Remove
		A L A	Addes Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary)	PM :
  Dated	Miramar,	05/06/09.	-
	Signature of a m	nember or authorized representative of a member	
		FABIO VENTRESCA  Typed or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00