M00033335

equestor's Name)	
idress)	
idress)	
ty/State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nan	ne)
ocument Number)	
_ Certificates	of Status
	idress) ty/State/Zip/Phone WAIT siness Entity Nan

Special Instructions to Filing Officer:

L. SELLERS

NOV 1 2 2010

EXAMINER

Office Use Only



400187484714

11/10/10--01010--015 **25.00

THE TAKE THE STATE OF THE STATE

COVER LETTER

OLUB ER COM	IMAGES ELIT	E PUBLISHING, LLC	
SUBJECT:		ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and ree(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
		Joseph DeAngelo	
		Name of Person	
		Firm/Company	
		P.O. Box 8057	
	St	Address . Petersburg, FL 33738	
		City/State and Zip Code	
	joed E-meil address:	eangelo@rocketmail.com to be used for future annual report no	otification)
For further informatio	n concerning this matter, please	call:	
Ge	eorge G. Pappas	at (_727_)	447-4999
Name of Person		Area Code & Day	time Telephone Number
Enclosed is a check fo	r 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 & Sed) Cortified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Burney State of State

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

IMAGE	S ELITE PI	UBLISHING, L	LC .		_	
(Name of the Limited (A	L <mark>iability Compa</mark> Florida Limited L	ny as it now appears Liability Company)	s on our records.)		_	
The Articles of Organization for this Limited Lia	were filed on	06/02/2009	and	assign	ed	
Florida document numberL09000053						
This amendment is submitted to amend the follow	wing:	·				
A. If amending name, enter the new name of	the limited liab	ility company here	;			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compar	ny," the designation	'LLC" or t	he abbr	eviation
Enter new principal offices address, if applicable:		11040 52nd Ave. North				
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg	, 33708			
Enter new mailing address, if applicable:		P.O. Box 8057	7	77		
(Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 33738				
B. If amending the registered agent and/oregistered agent and/or the new registered off	ice address her	<u>e</u> :	ur records, <u>enter</u>	the nam	e of th	<u>1e new</u>
Name of New Registered Agent:	Joseph DeAngelo				- <u>N</u>	
New Registered Office Address:	11040 52nd Ave. North Enter Florida street		er Florida street aa	dress	<u></u>	GASSAS.
St		Petersburg City	, Florida _	∰-< #33	i	
New Registered Agent's Signature, if changing Re	egistered Agent:			AND A	50	

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> George G. Pappas P.A. MGR □Add 1822 N. Belcher Rd., Suite 200 Clearwater, FL 33765 Remove MGR Joseph DeAngelo ✓ Add P.O. Box 8057 St. Petersburg, FL 33738 Remove MGR Joanne Copechal P.O. Box 8057 ✓ Add Remove St. Petersburg, FL 33738 Add Remove ∏Add ___Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 1 2010 Dated_ Signature of a member or authorized representative of a member Joseph DeAngelo

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00