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(Re	equestor's Name)				
(Ac	idress)				
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(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			

Special Instructions to Filing Officer:

A. LUNT

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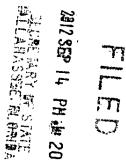
EXAMINER

Office Use Only



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COVER LETTER

Division of	Corporations			
SUBJECT:	Photo	Fun Booth LLC		
	Name of Lin	nited Liability Company		
	s of Amendment and fee(s) are su	·		
rease return an conv	espondence concerning and man	it to the following.		
		Jennifer McKathan	-	
		Name of Person		
	<u> </u>	Firm/Company	•	
		75. 23		
		Address	12 26	1-10-1
		Ocala FL 34474 City/State and Zip Code	神IZ SGP L PH 計 20 MLL AHAS SSET HLWAID MLL AHAS SSET HLWAID	
	nho	•	P P	
	E-mail address:	otofunboothfl@gmail.com (to be used for future annual report notification)		i,
For further informati	on concerning this matter, please	call:	FATE SANDA	
	ennifer McKathan	at (352) 266-4104		
Na	me of Person	Area Code & Daytime Telephone Number	er	
	:	·		
Enclosed is a check i	for the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &	
Re Di P.0	gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	Photo Fun Booth LLC			
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)		
	• • • • • • • • • • • • • • • • • • • •			
The Articles of Organization for this Limited Li	e Articles of Organization for this Limited Liability Company were filed on07-13-2009			
Florida document numberL09000067	<u>7582 </u>			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company her	<u>·e</u> :		
			1 1. 13	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "	LEC" or the abbreviation	
Enter new principal offices address, if applic	able:	······································	32 F F.	
(Principal office address MUST BE A STREE	T ADDRESS)		A TO	
	<u> </u>	<u> </u>	E C.	
			20	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/registered agent and/or the new registered of		our records, enter	the name of the new	
registered agent and/or the new registered of	nice audress nere:			
Name of New Registered Agent:	Jennifer McKathan			
New Registered Office Address:	4168 SW 43rd Circle			
Enter Florida street address				
	Ocala	, Florida	34474	
	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

Page 1 of 2

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> **Address** Type of Action MGR Jennifer McKathan ✓ Add
☐ Remove 4168 SW 43rd Circle Ocala Fl 34474 MRS Jennifer Brannon 4168 SW 43rd Circle ☐ Add √ Remove Ocala FL 34474 ☐ Add Remove NAIL OF THE PARTY Bb/qq Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Owner name change from Brannon to McKathan. No change in principal ownership. Dated _ September 4th 2012 Signature of a member or authorized representative of a member Jennifer McKathan Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00