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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
· (Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE
TAIN ANA SSEEL FLORIDA

T. CLINE

AUG 25 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Alan Green 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:	
Alain Green Name of Person	
Alain Green Photography Firm/Company	
150 NW 96th Ave Apt. 201 Address	
Pembroke Pines FL. 33024 City/State and Zip Code Maximo_aq1@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter; please call: Alain Green at (954) 822-2560	**
For further information concerning this matter; please call:	21 m
Alain Green at (954) 822 - 2560 57 57 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$\$ (additional copy is enclosed) \$\ \text{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

(Name of the Limited Liability (A Florida	ty Company as it now appears on our reco	erds.)	
The Articles of Organization for this Limited Liability (Florida document number <u>L0</u> 900071627	f 1	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Company;" the desig	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		DE TEST	
(Principal office address MUST BE A STREET ADD.	RESS)	ART E	
		SE 24 F	
		AS R	
Enter new mailing address, if applicable:		58 5	
(Mailing address MAY BE A POST OFFICE BOX)		57	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futav Elavida at	roat address	
	Enier Florida si	Enter Florida street address	
	, Flo	rida Zip Code	
	CHY		

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 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

	= Managing Member		
Title '	Name	Address	Type of Action
MGR	Algin Green	150 MW 96K Ave Pembroke Pines FL.	#201 Add 33024 Remove
			Add Remove
			Add Remove
			Add Remove
			ARIO ARIO SERVICE SERV
		enter change(s) here: (Attach additional sheets, if	•
-	· · · · · · · · · · · · · · · · · · ·	-	
- Dated	Aug. 20	, 2009 .	
uu	Ö	e of a member or authorized representative of a member	
	Jigilatui	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00