

JUN 22 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2016

JILL GRIFFITHS  
132 SW MADISON CIRCLE N  
ST PETERSBURG, FL 33703

SUBJECT: CLARK GRIFFITHS PHOTOGRAPHY L.L.C.  
Ref. Number: L10000001554

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 JUN 22 AM 10:59

We have received your document for CLARK GRIFFITHS PHOTOGRAPHY L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

NO ACCOUNT NUMBER ON CHECK

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 616A00012685

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Clark Griffiths 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:

Jill Griffiths  
Name of Person

Clark Griffiths Photography LLC  
Firm/Company

132 SW Madison Circle N  
Address

St Petersburg FL 33703  
City/State and Zip Code

Kim@crabythekay.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Kim Justice at (727) 896 1042  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 &  
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 Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FLORIDA  
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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jill Griffiths	132 SW madison Circle N	<input checked="" type="checkbox"/> Add
		St Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MM	Clark Griffiths	132 SW madison Circle N	<input type="checkbox"/> Add
		St. Petersburg, FL	<input type="checkbox"/> Remove
		33703	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310-0001

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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SECRETARY OF STATE  
WASHINGTON, D.C. 20520

**E. Effective date, if other than the date of filing:** 6/22/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

**Dated**

June 22 1, 2016

Signature of a member or author

Signature of a member or authorized representative of a member

Kim Justice  
Typed or printed name of signee

Typed or printed name of signer