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(Requestor's Name)						
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(Document Number)						
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T. HAMPTON

MAR - 1 2010

EXAMINER

COVER LETTER

TO: Registration Division of C						
SUBJECT:	MAGNATE PI	HOTOGRAPHY, LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
		Claudia Carrero				
		Name of Person				
	CBS Financial					
	6209 W Commercial Blvd Ste 7					
	Address					
		Tamarac, FL 33319				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report not	tification)			
For further informatio	n concerning this matter, please of	call:				
(Claudia Carrero	at (<u>954</u>) Area Code & Dayti	724-4141			
Nam	ne of Person	Area Code & Dayti	me Telephone Number			
Enclosed is a check for	or the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Reg Div P.O	ision of Corporations Box 6327 Sahassee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGI	NATE PHOT	OGRAPHY,	LLC			
(Name of the Limited	Liability Compa A Florida Limited L	ny as it now appea Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	were filed on	02/01/2010	and assigned	1		
Florida document numberL1000001	1263					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :			
	N/A	\	·			
The new name must be distinguishable and end w. "L.L.C."	th the words "Lim	ited Liability Comp	any," the designation "LI	C" or the abbrev	iation	
Enter new principal offices address, if applicable:		3295 Pinewa	alk Drive North #100	6	<u>=</u>	
(Principal office address MUST BE A STREET ADDRESS)		Margate, FL	33063	á	YSE	
				8	三	
				B 26	95	
Enter new mailing address, if applicable:		3295 Pinewa	alk Drive North #106		() () () ()	
(Mailing address MAY BE A POST OFFICE	Margate, FL	33063	T.	90		
				 (5)	PP	
			·	.00	ONS.	
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter th	ne name of the	<u>new</u>	
registered agent and/or the new registered of	THE BUILDS HE.					
Name of New Registered Agent:	Edward Lea	al				
New Registered Office Address: 3295 Pinewalk Drive North #106						
Enter Florida street address						
		Margate	, Florida	33063		
		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

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 Title **Name** Address Eduardo Leal MGRM 11559 ROYAL PALM BLVD ☐ Add CORAL SPRINGS FL 33065 US √ Remove Edward Leal MGRM 3295 Pinewalk Drive North #106 ✓ Add Remove Margate, FL 33063 ___ Add Remove ∏Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 23 Dated __ Signature of a member or authorized representative of a member Edward Leal Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00