10000036388

Office Use Only



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COVER LETTER

Division of Corporations					
SUBJECT:	Weddings By	Kristen Jeffers L.L.C.			
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Picase return all correspo	ndence concerning this matter	to the following:			
		Kristen Jeffers			
		Name of Person			
	Kriste				
		Firm/Company			
	City/State and Zip Code				
	Info@ E-mail address: (1	KristenMariePhotog.com to be used for future annual report notific	eation)		
For further information co	oncerning this matter, please of				
Kris	sten Jeffers	at (813)	3949856		
Name of Person		Area Code & Daytime Telephone Number			
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fec & 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:

TO:

Registration Section

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

	CRETARY OF SION OF CORP
<u>'ds.</u>)	SIME 1:2
2011	and assigned
ation "LLC"	or the abbreviation

Zip Code

Weddings By Krist	en Jeffers L	L.C	X 2	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	irs on our records.	- 25 - 25	
· ·	3 1 37		22 #F	
The Articles of Organization for this Limited Liability Company v	were filed on	March 1, 2011	and assigned	
Florida document number <u>L10000036388</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company he	<u>re</u> :		
Kristen Marie Phot	tography LLC			
The new name must be distinguishable and end with the words "Limito" L.L.C."	ed Liability Comp	any," the designation "LI	C" or the abbreviatio	n
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)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		our records, <u>enter th</u>	e name of the nev	w
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street addr	ess	
		Florida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent