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T. HAMPTON JUN 2 8 2010 EXAMINER

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: Dion 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:
Rachel Dion
Name of Person
Dion: Photography LLC
11805 XOVIEC AVE
Port Charlete FL 33981 City/State and Zip Code
Photose Dion Photography Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 416-6231 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS **OF**

10 JUN 25 PH 12 28

(Name of the Limited	Liability Combany a Florida Limited Liabi	it now appears on colling Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number		re filed on MCS	5,2010	and assigned
This amendment is submitted to amend the follo	wing:	,	•	
A. If amending name, enter the new name of	the limited liability	company here:		
		•	L	
The new name must be distinguishable and end with "L.L.C."	1 the words "Limited	Liability Company," t	he designation "LLC	" or the abbreviation
Enter new principal offices address, if applica	ıble:		• •	
(Principal office address MUST BE A STREET	<u>TADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE 1)				,
B. If amending the registered agent and/o registered agent and/or the new registered off		address on our re	ecords, enter the	name of the new
Name of New Registered Agent:	NUCY)Y 1	
New Registered Office Address:	11005	XXVier	orida street address	
	Pt. Ch	Enter Flo acotte ity	, Florida <u> </u>	S981 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 = Mana MGRM = Mar	ger naging Member~-○		
<u>Title</u>	Name	Address	Type of Action
mgrm	Chad Dion	11885 Xavier Ave Pt. Conclote, FL 33981	Add Remove
mgr	Rachel Dion	11825 Xavier Ave Pt. Charlotte, FL: 33981	Add
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS
Dated 5-	Signature of a member of RCChel T	r authorized representative of a member printed name of signee	ATIONS

Page 2 of 2

Filing Fee: \$25.00