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D. BRUCE
JUN 21 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: LIV Bristow & ASSOCIATES, 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:
Liliana Bristow Name of Person
Pictures by Lily, LLC
691 Bellshire Drive
Drange Park FL 32065 City/State and Zip Code Lily Christow Chotmail. Com E-mail address: (to be used for future annual report notification) The state of the
For further information concerning this matter, please call:
Lilvana Bristow at 904 625-28125 = D Name of Person Area Code & Daytime Telephone Number 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Y\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

10 24, - 11

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

Lily Briston & A	Ssociates, LL	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7128	2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	1, LLC	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	//A	(not applicable
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	TI JUII 20 P
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	NIA	
	Enter Florida street address	
		lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City City	zip couc
hereby accept the appointment as registered agent and agre he provisions of all statutes relative to the proper and comp		• • •

If Changing Registered Agent, Signature of New Registered Agent

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 ameuding 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 Address Name** <u>Title</u> N/A☐ Add Remove Remove ☐ Add Remove Add Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00