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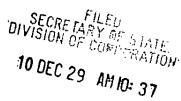
N. Culligan DEC 3 0 2010

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: MY	PICTURE PRODUCE  Name of Limi	3, uc	
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	AARON 1	LOBERTS ON	
		Name of Person	
	MY PIGURE	PRODUCTS, LLC Firm/Company	
		Firm/Company	
	375 porg	A ROSA ORCIE Address	
	•	City/State and Zip Code	
	E-mail address: (1	City/State and Zip Code  OF ANL. COM  to be used for future annual report notificat	ion)
For further information con	ncerning this matter, please c		
LACEY ROBE	155 ON	at ( <u>904)</u> 434-548 Area Code & Daytime T	37
Name of P	Person	Area Code & Daytime T	elephone 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)
MAILIN	IG ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



•	- 07
MY DICTURE	PRODUCTS, LLC
(Name of the Limited Lia	ability Company as it now appears on our records.)  orida Limited Liability Company)
JATA)	inda Emmed Erability Company)
The Articles of Organization for this Limited Liabil	lity Company were filed on AUGUST 18, 2010 and assigned
Florida document number <u>L10000 0 86565</u>	· 
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
B. If amending the registered agent and/or a	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	
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 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 <u>Title</u> Name **Address Type of Action** 375 PORTA ROSA CIRCLE MGR  $\mathbf{X}$   $\wedge$   $\mathrm{dd}$ SAMOT AUGUSTINE, PL. 32092 Remove  $\square$  Add Remove MGR CHARLENE MILLIS 322 PORTA ROSA CIRCLE Add SMATANOUSTINE FL ☐ Remove Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Haron Robertson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00