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(Re	questor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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B. BOSTICK

OCT - 8 2012

EXAMINER

COVER LETTER

	ration Section on of Corporations	,		
SUBJECT:	Ross Lewis	Photographer "LLC"		
Sebuber		ted Liability Company		
	rticles of Amendment and fee(s) are sul correspondence concerning this matter	•		
		Ross Lewis		
	-	Name of Person		
Ross Lewis, Photographer, "Ilc" Firm/Company				
		Address	. i	
	Jacksonville, Florida 32222		12 OCT	
	City/State and Zip Code vietbookofhonor@att.net			
	E-mail address: (to be used for future annual report notifica	ation)	
For further infor	mation concerning this matter, please of	eall:	ation)	
	Ross Lewis	ar (57-5811	
	Name of Person	Area Code & Daytime	Felephone Number	
Enclosed is a ch	eck for the following amount:			
\$25.00 Filing	g 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)	
	MAILING ADDRESS:	STREET/COURIE	R 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

ROSS LEWIS, P			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compa	any were filed on	Oct. 29, 2010	and assigned
Florida document numberL10000112878			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company her	<u>re</u> :	
Monument o	of Honor "LLC"		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		8
			1
			. 70 :::
Enter new mailing address, if applicable:			P 15
(Mailing address MAY BE A POST OFFICE BOX)			<u>~</u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco		our records, <u>enter t</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ada	lress
<u> </u>		, 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		
			П р
	 		声 n
			AddRemove
			Remove
D. If amen	ding any other information,	enter change(s) here: (Attach additional shee	72 0
_			CT -5 PH 3: 10
Dated	October 3	, 2012	5 5
	Sionature	of a member or authorized representative of a me	mber
	oignature	Ross Lewis	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00