

211000007569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

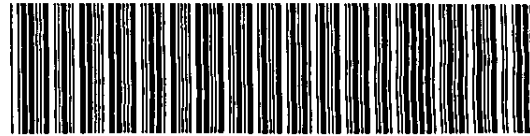
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 14 2013
A. LUNT

Office Use Only



200250299822

08/12/13--01053--001 **60.00

2013 AUG 12 AM 10:10
FALLAIACSE/FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WKS Photography L.L.C.
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:

Alejandro Vaquer
Name of Person

Team Revolution L.L.C.
Firm/Company

5901 NW 151st Street Ste ~~1234~~ 124 B
Address

Miami Lakes, FL 33014
City/State and Zip Code

alexvaquer@yahoo.com
E-mail address: (to be used for future annual report notification)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 12 AM 10:10

FILED

For further information concerning this matter, please call:

Alejandro Vaquer at (305) 934-0214
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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
TO
ARTICLES OF ORGANIZATION
OF**

WKS Photography LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/18/2011 and assigned
Florida document number L11000007569.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Team Revolution L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5901 NW 151st Street Ste 124B
Miami Lakes, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5901 NW 151st Street Ste 124B
Miami Lakes, FL 33014

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Alejandro Vaguer

New Registered Office Address:

5901 NW 151st Street Ste 124B

Enter Florida street address

Miami Lakes

City

Florida

33014

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.

Alejandro Vaguer

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sarvia Vaquer	5901 NW 151 st Street	<input checked="" type="checkbox"/> Add
		Ste 124B	<input type="checkbox"/> Remove
		Miami Lakes, FL 33014	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 APR 12 PM 10:10

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 8th, 2013



Signature of a member or authorized representative of a member

Alejandro Vaquer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 12 AM 10:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED