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(Requestor's Name)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT:	PHOOTPRINTS	PHOTOGRAPHY LLC			
	Name of Lim	ited Liability Company			
	s of Amendment and fee(s) are su espondence concerning this matte				
ricase return an conv	espondence concerning and matter				
Judith B. Alwine					
Name of Person					
	Pho	otprints Photography LLC			
Firm/Company					
471 N.E. 103rd Street		וארר. ואררים	2011 FEB 25		
		Address			
•		iami Shores, Fl 33138	155E		
		City/State and Zip Code		<b>P</b>	
ju		dithbarreiro@mac.com		ို့ ငည်	A+
	E-mail address: (	to be used for future annual report notifica	tion)	ر ان کا	
For further information	on concerning this matter, please	eall:	<i>F</i>		
	Judith Alwine	at ( 305 ) 90	62-5595		
Name of Person		Area Code & Daytime 1	Celephone Number	-	
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	5.00 Filing Fee \$\ \Bigs\\$30.00 Filing Fee & \Bigs\\$55.00 Filing Fee & \Bigs\\$		\$60.00 Filing Fee Certificate of St Certified Copy (additional copy	tatus &	ed)
MA	ALING ADDRESS:	STREET/COURIE	R ADDRESS:		

TO:

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

	d Liability Company as it now appear A Florida Limited Liability Company)		· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited I Florida document numberL1100000	Liability Company were filed on		and assigned	
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."  Enter new principal offices address, if appli (Principal office address MUST BE A STRE)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	zeable:  ET ADDRESS)  Z BOX)  /or registered office address on o		2011 FEB 25 PM 3: 59 TALLAHASSEE, FLERIGA	
	Judith B. Alwine			
Name of New Registered Agent:				
New Registered Office Address:	471 N.E. 103rd Street  Enter Florida street address			
	Miami Shores	, Florida	33138	
	City	<u> </u>	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address Title** Name 1 **Type of Action** MGRM Frigate Holdings LLC 471 N.E. 103rd Street ☐ Add Remove Miami Shores, Fl 33138 Judith B. Alwine MGRM 471 N.E. 103rd Street ✓ Add Miami Shores, Fl 33138 Remove ☐ Add Remove Remove \_\_ **‡¢e**move ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 20 2011 Signatural of a member or authorized representative of a member Tray Alwine: Managing Member Fricale Holdings IVA
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00