## L110000 15067

(Req	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	State/Zip/Phon	e #)
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## **COVER LETTER**

TO:

Registration Section ... Division of Corporations

## SUBJECT: Nyla Omoj Photography & Design 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:

Jomo Reeves	
Name of Person	-
	_
Firm/Company	
3154 Atwater Dr	
Address	-
Orlando, FL 32825	
City/State and Zip Code	-
jomo.reeves@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Jomo Reeves

at (

,407,446-7467

Name of Person

Area Code & Daytime Telephone 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)

□S60.00 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

Nyla Omoj Photography & Design LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our recordability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on February 4, 2	2011 and assigned
Florida document number L11000015067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Bright:Light Photography LLC	-	
The new name must be distinguishable and end with the words "Lim "L.IC."	ited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		72 73
(Principal office address MUST BE A STREET ADDRESS)		7. 1
		2
· · · · · · · · · · · · · · · · · · ·		1 1
Enter new mailing address, if applicable:	3154 Atwater Dr	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32825	<u> </u>
		7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Antonette D. Reeves	3154 Atwater Dr	Add
		Orlando, FL 32825	Remove
			Add
			Remové -
			_
			Add
			Rentave AR 2
			Add "
			Remove
			_
		· · ·	Add
			Remove
			Add
			Remove

of a member or authorized representative of a member	

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Filing Fee: \$25.00

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