L11000021664

(F	Requestor's Name)	
	Address)	;
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(0	City/State/Zip/Phone #)	
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EXAMINER



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SECRETARY OF STATE VLLAHASSEE, FLORIO

#FEB 28 MID:

COVER LETTER

TO:	Registration Sect Division of Corpo	ion orations	i	3
SUBJ	ECT: Mic	hael Cook Name of Limi	Photography ted Liability Company	<u></u>
The en	nclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Mich	Name of Person	
		Michael	Cook Photograph Firm/Company	Y
		10706 Preserv	e Lake Dr. Anot (Address	° 207
		Tampa, Pe	33626 City/State and Zip Code	
		Mc のびん (6 E-mail address: (t	o be used for future annual report notification	on)
For fur	ther information con	cerning this matter, please ca	all:	
	Michael Name of P	Co ok erson	at (<u>813) 830 - 20</u> Area Code & Daytime Te	88 lephone Number
Enclos	ed is a check for the	following amount:		
	5.00 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)

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

(Name of the Limited Liability)	Photography Company as it now appears on our recor	ds	
(A Florida L	imited Liability Company)	<u>ws.</u> j	
The Articles of Organization for this Limited Liability Co	ompany were filed on 18 Feb 11	and assigned	
Florida document number <u>L110000 21 664</u>	<u>_</u> ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and end with the word 'L.L.C."	s "Limited Liability Company," the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		TAE	
Principal office address MUST BE A STREET ADDRI	ESS)	CR T	
		ASSE	
		m ≥ m	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		ORALE S	
B. If amending the registered agent and/or registe	red office address on our records, o	enter the name of the nev	
<u>registered agent and/or the new registered office addre</u>			
Name of New Registered Agent:			
New Registered Office Address:	<u></u>		
	Enter Florida street address		
		da	
•	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>	<u>Name</u>		Address	Type of Action
MGR	Michae	el Cook	10706 Presente Lake Dr. Apr # 60-207 Tump-, Pl 33626	X Add Remove
***************************************				Add Remove
		· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If amen —	ding any other i	information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
				
_				<u> </u>
Dated	24 Fe5	2011 , 201		·
		M:chel Typed o	COOK or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00