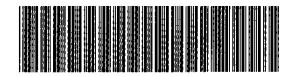
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SECRETARY OF STATE
ANASSEF: FLORID

J. BRYAN

AUG 2 9 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Hollywood Photography + Video 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:
Jerrabel Howard Name of Person Hollywood Photography + Video UC
2508 W Vine Street Address Kissimmee FL 34741 City/State and Zip Code
City/State and Zip Code Nollywood Studio Photos @ yahoo - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Juan Grisales Name of Person at (407) \$\overline{9} 340 - 1745 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\$25.00 \text{ Filing Fee}} \sum_{\$30.00 \text{ Filing Fee}} \& \sum_{\$55.00 \text{ Filing Fee}} \& \sum_{\$60.00 F

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

Hollywood Photo (Name of the Limited)	Graphy Compar Biability Compar Florida Limited L	ny as it now appear	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company 23207	were filed on \mathcal{Q}	-23-20	and assigned SECRETARY OF OFFICE OF PROPERTY OF	
This amendment is submitted to amend the follows.	J	.		TED TO	
A. If amending name, enter the new name of	<u>me umited nab</u>	ility company ner	e:	TE SE	
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation	on "LLC" of the abbreviation	
Enter new principal offices address, if applica			W. Vine		
(Principal office address MUST BE A STREET	ADDRESS)	Kissima	nee FL	39 79)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE B</u>	<u>:0X)</u>	2508 W Kissimme	· Vine.	Street 34741	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>ent</u>	er the name of the nev	
Name of New Registered Agent:	Jerraha	el Howar	d		
New Registered Office Address:	2508 W. Vine Street Enter Florida street address				
	Kissimi	Nel City	, Florida	34741 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.

Page 1 of 2

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

Title Name Address Type of Action Tropical Lake Drive MOR 3836 Bauline Circle Unit 201 DAdd Kissimmee FL 34741 Rem Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Terrabel Howard

Track or printed name of signee Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00