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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Lames Picture Perfect Studio, LL-C
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
James Merus  Japaenterprise Name of Person (LLC)  (9101 N. W Thave. B10)  Firm-Company
9101 NW 7th Avenue BID
Miciwi FL 33150 City/State and Zip Code
iamjames Merus B (Fina) (- COM) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James of Person at (305) 907-7993  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25 00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status 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**

The Articles of Organization for this Limited Lia Florida document number <u>L 110000</u> 4		were filed on <u>04</u>	-06-2011	_ and assigned
This amendment is submitted to amend the follo				
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applica		6600 A Miami	IW 27 H FL 331	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I	<u>30X)</u>	9101 Miami	V.W 7A A	<u>venue</u> *B10 150
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:	or registered of ice <u>address her</u>	ffice address on ou e:	r records, enter That A S S T C	name of the new
New Registered Office Address:	01101	N.W. 7h	Avenue	Bros
	Mian	Enter Florida s  City	, Florida 💆	3150 Zip Cade
Non-Danietoral Agant's Signature if charging P	agistored Agent:			

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00