L11000072884

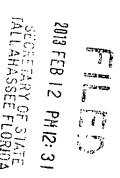
(Requestor's Name)
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COVER LETTER

TO:	Registration Section
	Division of Corporations

Name Change from Georgia Nick Photography, LLC to Georgia Nick Gallery, 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:

Georgia Nick

Name of Person

Georgia Nick Gallery, LLC

Firm/Company

142 Ocean Hollow Lane

Address

St. Augustine, FL 32084

City/State and Zip Code

boomertwo@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Gayle Nick

.904.806-3348

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)

□\$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

Georgia Nick Photography, LLC			
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our record Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on 06/23/2011	and assigned	
Florida document number <u>L11000072884</u> .			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liab	pility company here:		
Georgia Nick Gallery, LLC			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Same		
(Principal office address MUST BE A STREET ADDRESS)	_ 	201 Z	
		<u> </u>	
		SS B	
Enter new mailing address, if applicable:	Same	SEX S	
(Mailing address MAY BE A POST OFFICE BOX)	 	10 P 11	
		03. 73 1. S	
		3 OA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new	
	 -		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flori		
	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 = N	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
	·····		Add			
			Remove			
		····				
			Add			
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f amending any	other information, ente	er change(s) here:	: (Attach additional sheets, if necessary.)	
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Februar	v 6	2013		
d Pebluai	y o	2013	$\sim 0.1.4V$	
	Signature of a	a — authoriz	zed representative of a member	
	Georg	iA GAY	1E NICK	
		Typed or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

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