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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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LLC NC 3-27-15

COVER LETTER

TO: Registration, Section Division of Corporations	•	
SUBJECT: PL PHOTOGRAP	APHY LLC f Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are Please return all correspondence concerning this ma	-	
	LIEU PATEIC K Name of Person	
	Firm/Company	
8235 SE	15 CT Address	
DCALA, C	City/State and Zip Code	
E-mail address for further information concerning this matter, please	ESS: (to be used for future annual report notifical	tion)
PRESTOR VERLEARIESE Name of Person	at (357)	elephone Number
Enclosed is a check for the following amount:	2-yana	
\$25.00 Filing Fee \$Certificate of Statu	— — — — — — — — — — — — — — — — — — —	□ \$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

HOTOGRAPHU d Liability Company as it now appears on our records.) A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 111000083650 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Gode

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member Title **Type of Action** Name **Address** □ Add ☐ Remove _□ Add ☐ Remove _□ Add □ Remove □ Add □ Remove □ Add □ Remove ☐ Add □ Remove

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Tective date, if other than the e effective date must be specific, cannue date this document is filed by the Florida.	not be prior to date of receipt	or filed date and cannot be	(optional) nore than 90 days after
ated MARCH	1 03 , 701	<u>.s_</u> .	
			
	Signature of a member or	authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00