

L110000107393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

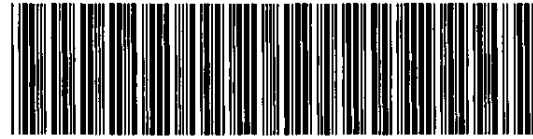
(Business Entity Name)

(Document Number)

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12 SEP -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
SEP -7 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kayla Selans Photography, 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:

Kayla Selans
Name of Person

Love Light Lens
Firm/Company

91 Pine Forest Place
Address

Apopka, FL 32712
City/State and Zip Code

kayla@selans.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kayla Selans at (407) 670-9228
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

FILED

12 SEP -6 PM 12: 40

Kayla Selans Photography, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/19/2011 and assigned
Florida document number L11000107393

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Love Light Lens, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat
"L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

91 Pine forest Place

Apopka, FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

91 Pine forest Place

Apopka, FL 32712

**B. If amending the registered agent and/or registered office address on our records, enter the name of the n
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kayla Selans

New Registered Office Address:

91 Pine forest Place

Enter Florida street address

Apopka
City

Florida

32712

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 an
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Daniel Selans	4500 V.E Palma Cia	<input type="checkbox"/> Add
		APR 2012, FL 32703	<input checked="" type="checkbox"/> Remove
<i>already removed, please disregard</i>			
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated September 2, 2012.

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Kayla Selans

Signature of a member or authorized representative of a member

Kayla Selans

Typed or printed name of signee