

L12000029019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

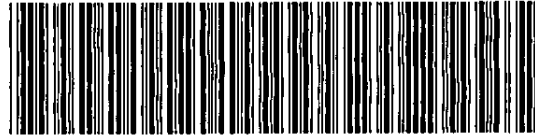
(Business Entity Name)

(Document Number)

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13 APR 10 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR. 11 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2013

PAUL SCHMIDT / SARAH LYN PHOTOGRAPHY LLC
3850 INDIAN TRAIL #108
DESTIN, FL 32541

SUBJECT: SARAH LYN PHOTOGRAPHY LLC
Ref. Number: L12000029019

We have received your document for SARAH LYN PHOTOGRAPHY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 013A00007147

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARAH LYN 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:

Paul Schmidt

Name of Person

SARAH LYN PHOTOGRAPHY LLC

Firm/Company

3850 Indian Trail #108

Address

Destin, FL 32541

City/State and Zip Code

paulemmanuel.schmidt@gmail.com

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

For further information concerning this matter, please call:

Paul Schmidt

Name of Person

at (850) 685-0630

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

SARAH LYN PHOTOGRAPHY, LLC

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

13 APR 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on February 29, 2012 and assigned Florida document number L12000029019.

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:

Paul Schmidt

New Registered Office Address:

3850 Indian Trail #108

Enter Florida street address

Destin

City

, Florida

32541

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.

Paul Schmidt

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

FILED

13 APR 10 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

X Paul Schmidt

Signature of a member or authorized representative of a member

Paul Schmidt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

L12000029019