412000077067

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T. HAMPTON

COVER LETTER

TO:		istration Sec sion of Corp			
SUBJE	CT.	Memories	in Motion Event and \	/ideo Services LLC	
SOBJE			Name of Lim	ited Liability Company	
The end	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please i	eturn	all correspon	dence concerning this matter	to the following:	
			Tara M. Bower		
				Name of Person	
			Memories in Motion	Event and Video Services LL	.C
Firm/Company					
			3164 33rd Ave. N.		
				Address	
			Saint Petersburg, FL	. 33713	
				City/State and Zip Code	
			memoriesinmotion33	•	
			E-mail address: (i	to be used for future annual report notifica	tion)
For furt	her in	formation cor	ncerning this matter, please ca	all:	
Tara	М. В	ower		727 288-4688at ()	
		Name of I	Person	Area Code Daytime Te	elephone Number
Enclose	ed is a	check for the	following amount:		
\$25	.00 Fi	ling 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

Memories in Motion Event and Video Services LLC

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

(
The Articles of Organization for this Limited Liability Florida document number L12000077067	Company were filed on June 10, 2012	and assigned
Torrest document manior	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Memories in Motion Event Services LLC		
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	,
		ASS TAR TO
Enter new mailing address, if applicable:		55 W
(Mailing address MAY BE A POST OFFICE BOX)	····	P P P
B. If amending the registered agent and/or reging registered agent and/or the new registered office address.	The state of the s	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Remove
	······································		□ Add
			□ Remove
			□ Add
			Remove
			Add Add
		-	Add According to Remove Remove Remove Remove 13 PH 2
			Add 23 Remove
<u>.</u>			□ Add
			□ Remove

	, enter change(s) here: (Attach additional sheets, if	necessury
·		
Tective date if other than the dat	e of filing:	optional)
e effective date must be specific, cannot be	e of filing:(e	days after
	Department of State)	
ne date this document is filed by the Florida March 10th	Department of State) 2015	
he date this document is filed by the Florida Dated March 10th	Ma M. Bonce	
the date this document is filed by the Florida Dated March 10th		

Page 3 of 3

Filing Fee: \$25.00

