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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	Drganic Name of Limit	Images LLC ted Liability Company	<u> </u>	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
	·	milis	Sa Sprecher Name of Person		
			Firm/Company		
		4702	Rue Belle Me	\	
		·	Address		
		Sanil	bul FL 3395	1	
		milissa	City/State and Zip Code Milis Sa Spread o be used for future annual report notification	her. com =	
For fur	ther information cor	E-mail address: (to	o be used for future annual report notificationall:		
	nilissa S	sprecher	at (239) 395.163 Area Code & Daytime Tele	ephone Number	
	Name of i	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Ten	ephone Number CON 3	֚֚֚֓֞֞֝֟֝ <i>֚</i>
Enclos	ed is a check for the	following amount:		·	
\$25	5.00 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 ARTICLES OF ORGANIZATION **OF**

)raa	nic Im.	ages LL	C		
(<u>Name of the Limited Lia</u> (X Flo	bility Company a rida Limited Liab	as it now appears of ility Company)	n our records.		
The Articles of Organization for this Limited Liabil Florida document number	ity Company we	ere filed on	19/12	and ass	signed
This amendment is submitted to amend the following	ng:		•		
A. If amending name, enter the new name of the					
The new name must be distinguishable and end with the	ther P	hotograp	ohy, Ll	1-C	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	Liability Company,"	' the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable	: : _				
(Principal office address MUST BE A STREET A	DDRESS)			22	
	_			(T) -m	
				58 T	THE STATE OF
Enter new mailing address, if applicable:	-				
(Mailing address MAY BE A POST OFFICE BO)	<u>0</u> _				1, 1
	-			- G =	
B. If amending the registered agent and/or r registered agent and/or the new registered office		e address on our	records, ente	r the name o	of the new
Name of New Registered Agent:	Milis	SSA Spri	echer		
New Registered Office Address:	4702	Rue Bel	lle mer		
· · · · · · · · · · · · · · · · · · ·	•	Enter I	Florida street a		
_	Sanik	el City	, Florida	3395	57
_	C	City	·	Zip Code	2
New Registered Agent's Signature, if changing Regis	tered 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

Page 1 of 3

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 **Title Address** Type of Action **Name** Milissa Sprecher 4702 Rue Belle Men Sanibel Fr 3395 Remove Remove Remove

Remove

D. If am	reading-any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Δ 1) 12
Dated	2-11-13 mlingo
	Signature of a member or authorized representative of a member Milissa Sprecher
	Typed or printed name of signce
	Page 3 of 3

Filing Fee: \$25.00

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