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B. BOSTICK

JUL - 1 2014

CLACTINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: ELLEBELI	LE PHOTOGRAPHY DESIGN & EVE	NTS, LLC		
SUBJECI;		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	WILLIAM FORDI			
		Name of Person		
		Firm/Company		
	121 GOOSE CREEI	K TRAIL Address		
	TALAHASSEE, FL			- n
		City/State and Zip Code	<u></u>	
	CFORDHAM81@			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	all:		
WILLIAM FORD	HAM	at ()628-3985		, ·
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 I Certificate of Certified Cop (additional copy	Status & y
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLEBELLE PHOTOGRAPHY, DESIGN & EVENTS, 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 Company were filed on _6/25/2012 Florida document number <u>L120</u>00083077 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 "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
REGISTERED AGENT	WILLIAM C FORDHAM	121 GOOSE CREEK TRAIL	Add
		TALLAHASSEE, FL 32317	⊠ Remove
MGR COREY F	COREY FORDHAM	121 GOOSE CREEK TRAIL	
		TALLAHASSEE, FL 32317	X Remove
MGR	WILLIAM C FORDHAM	121 GOOSE CREEK TRAIL	
		TALLAHASSEE, FL 32317	⊠ Remove
MGR	LAURA FORDHAM	121 GOOSE CREEK TRAIL	
		TALLAHASSEE, FL 32317	X Remove
MGR (MRS)	KASEY DEIHL	3187 PEER CT	Add
		TALLAHASSEE, FL 32308	▼ Remove
			□ Add ,

If amending any other inform	ation, enter change(s) here: (Attach additional sheets, if necessary.)
PLEASE REMOVE W	ILLIAM C FORDHAM AS THE REGISTERED AGENT
-	
	-
-	
Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	e date of filing:(optional) unot be prior to date of receipt or filed date and cannot be more than 90 days after clorida Department of State)
Dated JUNE 26	<u>2014</u> .
10.00	
OCH	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member WILLIAM C FORDHAM

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Filing Fee: \$25.00