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## **COVER LETTER**

TO: Registration Se Division of Cor			
Time	less Canvas, l	LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Aileen Sche	iman	
		Name of Person	
	Bambini Pho	otography, LLC	
		Firm/Company	
	7928 East D	rive, #102	
		Address	
	North Bay V	'illage, FL 33141	<u> </u>
	ailean sahaiman <i>(</i>	City/State and Zip Code	
	aileen.scheiman@ E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Aileen Scho	eiman	at 786 219-5	697
Name o	f Person		e Telephone Number
			•. •
Enclosed is a check for the	ne following amount:		20 21 A
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Timeless Canvas, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000086212	were filed on July 2, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bambini Photography, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7928 East Drive, Ste. 102	2
(Principal office address MUST BE A STREET ADDRESS)	North Bay Village, FL 33	141
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	*	
	Enter Florida street address	
<del></del>	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cniv	
The state of the s		30 <b>o</b>

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 = Manager AMBR = Authorized Member Title **Name** <u>Address</u> **Type of Action** Alain Scheiman 7928 East Drive, #102 **MGRM** □ Add North Bay Village, FL Remove 33141 ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add □ Remov □ Remove

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
(The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated	5-p8-:,2014.
	Signature of a member or authorized representative of a member
	AILEEN SCHEIMAN
	Typed or printed name of signee

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Filing Fee: \$25.00

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