

L12000143090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

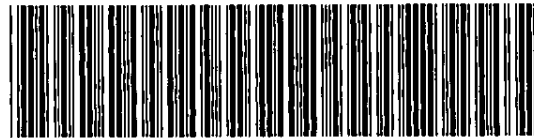
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

AUG - 2 2013

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Photo Express, 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:

Daniel F. Munoz.  
Name of Person

Photo Express, LLC  
Firm/Company

201 E. Pine St. Suite 450.  
Address

Orlando, FL 32801.  
City/State and Zip Code

info@photoexpressorlando.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel F. Munoz. at (407) 242-2937  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

APPROVED  
AND  
FILED

13 AUG -2 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Photo Express, 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 11/13/2012 and assigned  
Florida document number L12000143090.

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)

201 E. Pine St.

Suite 450.

Orlando, FL 32801.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

201 E. Pine St.

Suite 450.

Orlando, FL 32801.

**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:

201 E. Pine St. Suite 450

*Enter Florida street address*

Orlando

*City*

Florida

32801.

*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.*

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>
MGR	Daniel F. Munoz	201 E. Pine St.	<input type="checkbox"/> Add
		Suite 450.	<input type="checkbox"/> Remove
		Orlando, FL 32801.	<input checked="" type="checkbox"/> Change.
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE FLORIDA

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

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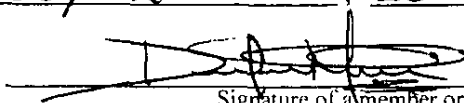
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Dated 08/02, 2013



Signature of a member or authorized representative of a member

DANIEL F. MUNOZ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA