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SECRETARY OF SIAGE

B. BOSTICK
JUN 17 2013
EXAMIN...

COVER LETTER

TO: **Registration Section Division of Corporations** Darkroom Pictures 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: Nancy Dones Name of Person Darkroom Pictures LLC Firm/Company 7322 SW 162nd PL Address Miami, FL 33193 City/State and Zip Code ndones@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nancy Dones Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

inclused is a check for the following amount.

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□S60.00 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

· Darkroom Pictures LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on cimited Liability Company)	our records.)	
. The Articles of Organization for this Limited Liability Co	ompany were filed on Februal	ry 14, 2013	_ and assigned
Florida document number L13000023934			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
	, , , , , , , , , , , , , , , , , , ,		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," t	he designation "LLC	" or the abbreviation
L.L.C."			
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>		
		A.c.	2013
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_L ►CR	
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		SHX HX	-
		ORI	<i>(</i> B
B. If amending the registered agent and/or registe registered agent and/or the new registered office addr		ecords, <u>enter the</u>	name of the new
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Fl	orida street addres	s
	City	, Florida	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 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 = Månager MGRM = Managing Member

<u>Title</u>	Name	Address Type of Action
MGRM	Jonathan Phillips	14400 SW 29th Ct.
		Davie, FL 33330
MGRM	Julio Alvarez	10 SW South River Drive Add
		Apt.402
		Miami, FL 33130
MGRM	Alan Hanna	2410 NE 197th ST → Add
		Miami, FL 33180
		SSEE AH
MGRM	Ryan Perez	2344 N Bay Rd
		Miami Beach, FL 33140 Remove
MGRM	Nancy Dones	7322 SW 162nd Place
		Miami FL 33193 Remove
Treasurer	Nancy Dones	7322 SW 162nd Place
		Miami, FL 33193

). If amending an	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
· ·	
·	
_{lated} July 11	, 2013
	Signature of a member or authorized representative of a member
Nar	ncy Dones Timed or printed game of sizes.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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