L13000049702

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SEGRITARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations

_{ѕивјест:} The FotoTechnika Group, 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:

John R. Howard

Name of Person

The FotoTechnika Group

Firm/Company

3119 Beach Boulevard

Address

Jacksonville, FL 32207

City/State and Zip Code

john@fototechnika.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Howard

,,,904,5**04-0924**

Name of Person

Area Code & Daytime Telephone Number

Enclosed 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)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

SPA IS PH 3: 13

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

The FotoTechnika Group 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 April 04, 2013 Florida document number L13000049702 This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Lin" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	3119 Beach Boulevard
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32207
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.	ffice address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Type of Action
MGRM 	Saundra Howard	624 Lomax Street	_
٠		Jacksonville, FL 32204	Remove
MGRM	John R. Howard	624 Lomax Street	_ _ ✓ Add
		Jacksonville, FL 32204	Remove
			Add
		 	Remove
· · · · · · · · · · · · · · · · · · ·			Add
			Remove
			Add
		·	Remove
			Add
			Remove

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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•		_
April 17,	2013	_
	The PHowan	
Sig	gnature of a member or authorized representative of a member	
John R. Howa	ard	
	Typed or printed name of signee	

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Filing Fee: \$25.00