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## **COVER LETTER**

TO: Registration Sect Division of Corpo	ion orations		
SUBJECT: Cap	Stured by Name of Dimi	Reina LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Jenn	Les Reina Name of Person	
	Jen	rifer heina	Photography
	1009	7 Cleary Blu	1 #110
	Planta	City/State and Zip Code	324 ************************************
	* Contined.	by Reina OC	mail com
For further information con	ncerning this matter, please ca	ult:	
Jennifa Name of F	Person	at (8/3) 426 Area Code Daytime	7719 Energy Relephone 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)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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### 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

Captured by Reine (Name of the Limited Liability Compan (A Florida Limited Liability Compan)	v as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>1.13000592</u> 89	were filed on $\frac{4}{2}$	3 13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  Tennife Pelina  The new name must be distinguishable and end with the words "Limited Liabil	hotogra	phy LLC ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2014
(Principal office address MUST BE A STREET ADDRESS)		70 F
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	10097 C Plantat	leary Blup, Site 110
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		records, enter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	Citv	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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Title</u>	<u>Name</u>	Address	Type of Action
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