# L13000134904

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800257236468

03/10/14--01003--009 \*\*25.00

SECRETARY OF SINE

MAR 11 2013 T. HAMPTON

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Tammy Riner Photography, 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:
Tammy Riner Name of Person
Firm/Company
501 Beachwood Lane
Plantation, FL 33317  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Riner  Name of Person  at (954) 270 - 2046  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

- Photo	xoraphi	<u>ا اللا</u>	
Liability Company a Florida Limited Liabi	<u>s it now applears on (</u> lity-Company)	9/23/13	
ility Company wer	re filed on 🕅	$\sim$	and assigned
04	)		
ing:			
ie limited liability	company here:		
rde "Limited Liability	Company " the decim	nation "LIC" or the others	iation I.I.C."
•	Company, the design		· S TI
le: _		<u> </u>	. 20
ADDRESS)		٠ <u>٠</u> ٠٠	<u> </u>
		in c	<u> </u>
_		<u> </u>	
- (XX)		P	
<u> </u>			
registered office	address on our	r records, enter the	name of the nev
e address here:			
		····	
	Enter Florida st	reet address	
		Florida	
	City		p Code
	ility Company were OH ing:  ine limited liability rds "Limited Liability le:  ADDRESS)	ility Company were filed on Ottos Otto.  ing:  me limited liability company here:  rds "Limited Liability Company," the designormal design	ing:  Ine limited liability company here:  Indicated Liability Company," the designation "LLC" or the above lie:  ADDRESS)  The limited Liability Company, the designation "LLC" or the above lie:  ADDRESS)  The limited Liability Company, the designation "LLC" or the above lie:  ADDRESS)  The limited Liability Company, the designation "LLC" or the above lie:  ADDRESS)  The limited Liability Company here:  The limited

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

MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** MGR Patrick Riner 501 Beachwoodlane DAdd Plantation, PL 33317 DEREMOVE ☐ Remove ☐ Remove □ Add □ Remove

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:

ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ne date this document is filed by the Florida Department of State)	amending any other information, enter change(	
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  ed 2-26, 2014.		
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)  led 2-26, 2014.	-	<del> </del>
the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Pated 2-26, 2014.		
50 granie		eipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	he date this document is filed by the Plonda Department of Stat	ie)
Signature of a member or authorized representative of a member	, and a second s	•
	Dated $2-28$ , $2$	.014. me

Page 3 of 3

Filing Fee: \$25.00

TILLU 2014 HAR 10 PH 13 46 SECRETARY OF STATE