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COVER LETTER.

TO: Registration Secundary Division of Corp			a
SUBJECT: KRIS	SSINICOLE PHOTOG	DEAPHY, LLC	
	Name of Lim	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	to the following:	
	<u>Kris</u>	Stina Zapata Name of Person	
	Kris	si Nicole Photograp	phy, LLC
		Running Springs L	
		ido, Fl. 32765 City/State and Zip Code	
	E-mail address: (nicole photography to be used for future annual report notif	egmail-complete 9
For further information cor	neerning this matter, please ca	all:	## B
Kristino Name of I	2apata Person	at (<u>321</u>) <u>246-4</u> Area Code Daytime	420 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)
	IG ADDRESS: ion Section	STREET/COURING Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	notography, LLC ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL14000011330	were filed on 1/21/2014	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L	L.C."
Enter new principal offices address, if applicable:	2772 Running SI Duedo, F1. 32765	orings la	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	Duedo, Fl. 32765	5	
Enter new mailing address, if applicable:	2772 Running Duedo, H. 3276	Springs	loop
(Mailing address MAY BE A POST OFFICE BOX)	Dredo, H. 3276	5	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		T the name ALLAHASNEE, FL	of the new
	, 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			
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			_ □ Remove
			
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	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) (optional)
the date th	date, if other than the date of filing: (optional) we date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after
the date th	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after is document is filed by the Florida Department of State) November 4, 2014
the date th	date, if other than the date of filing: we date must be specific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)

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Filing Fee: \$25.00