L140000885US

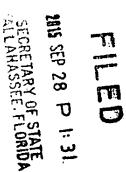
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800274983878

09/28/15--01028--005 **60.00



OCT 0 1 2015

3 MASON

COVER LETTER

TO: Registration S Division of Co		*	·
AKPratt F	Photography, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Amanda Pratt		
		Name of Person	
		Firm/Company	
	13065 boca ciega ave		
		Address	
	madeira beach, FL 33708		
	pratt1ak@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	nil:	
Amanda Pratt		727 308-9200 at ()	
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)

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

AKPratt Photography, 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 Jun e 3, 2014 and assigned Florida document number L14000088565 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Imagine Life Visual Artistry, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13065 Boca Ciega Ave Enter new principal offices address, if applicable: Madeira Beach, FL 33708 (Principal office address MUST BE A STREET ADDRESS) 13065 Boca Ciega Ave Enter new mailing address, if applicable: Madeira Beach, FL 33708 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 13065 Boca Ciega Ave New Registered Office Address: Enter Florida street address , Florida <u>33708</u> Madeira Beach Citv

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 mitted liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Resistered

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
 -			
	•		Remove
			Change
			
			☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			Change
		· ····································	□ Add
			Remove
		BECRETARY ALLAHASSE	ange
		TARY CASSEE	- 4-12-1
		SECRETARY OF STATE	☐ Remove
			Change

					
					
 					····
·					
					-
					<u> </u>
					<u></u> _
					· · ·
					
fective date, if other tha	n the date of filing			(antional)	
in effective date is listed, the da	te must be specific and	cannot be prior to date			
ote: If the date inserted in to becoment's effective date on			tatutory filing requir	ements, this date will no	ot be listed a
	2 vpa,	a			
record specifies a del	aved effective d	ate, but not an	effective time, a	t 12:01 a.m. on th	e earlier o
The 90th day after the		arry Dat Not all	Direction Chilley G	- 12102 611111 011 111	
, 9/25/2015		10:00 a.m.			

Signature of a member or authorized representative of a member

Amanda Pratt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00