

**L140001961143**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H140001961143ABC.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NORTHWEST REGISTERED AGENT LLC  
Account Number : I20090000081  
Phone : (509) 768-2249  
Fax Number : (855) 330-1010

14 AUG 21 AM 11:09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AMELIA ISLAND PORTRAITS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

AUG 22 2014  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amelia Island Portraits, 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:

Lucy Green or Tom Stillwell  
Name of Person  
Portraits of Amelia  
Firm/Company  
2315 High Rigger Rd.  
Address  
Fernandina Beach, FL 32034  
City/State and Zip Code  
info@portraitsofamelia.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucy Green or Tom Stillwell at 904 263-8444  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



August 21, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AMELIA ISLAND PORTRAITS LLC  
2315 HIGH RIGGER RD  
FERNANDINA BEACH, FL 32034US

SUBJECT: AMELIA ISLAND PORTRAITS LLC  
REF: L14000092497

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG 21 AM 11:10

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H14000196114  
Letter Number: 714A00018040

FILED  
14 AUG 21 PM 4:17  
TALLAHASSEE, FL 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Amelia Island Portraits, 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 June 9, 2014 and assigned Florida document number 114000092497

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Registered Agents Inc.  
3030 N. Rocky Point Dr., Ste. 150A  
Tampa, Florida 33607  
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.

Dan Keen - president  
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:

MGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	LUCY JANE GREEN	2315 High Rigger Rd. Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	THOMAS MURPHY STILLWELL	2315 High Rigger Rd. Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY OF DEFENSE  
DIVISION OF OFFICE MANAGEMENT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ~~XXXXXXXXXXXX~~ (optional)

(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)

Dated AUGUST 19, 2014.

[Signature]

Signature of a member or authorized representative of a member

LUCY GREEN

Typed or printed name of signer

14 AUG 21 AM 11:10  
FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS