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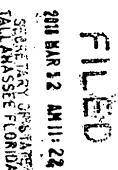
(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2. Shaffer Photography Name of Limited Linking Country	
ranic or isinite statemy contains	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
amber McWhorter Name of Person	
Imber Muhorter Photography	
1613 Linuad DR.	
Clearwater FL 33755 City/State and Zip Code	
Memories Cambernewhooter. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
2mber Muharter at (813) 309-5304 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status 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

J. Shatter Photoc	graphy
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document numberLIJDOO_104397 This amendment is submitted to amend the following:	were filed on $10/22/14$ and assigned
A. If amending name, enter the new name of the limited liabil	lity company here:
amber Mc Whorter Photo	110
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1613 Linux DR.
(Principal office address MUST BE A STREET ADDRESS)	Clearwater F.L 33755
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	1613 Linwood DR. Clearwater FL 33755 fice address on our records, enter the name of the new
	Sin 7≥
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605 F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effective date, if other t				(optional)	
fan effective date is listed, the Note: If the date inserted document's effective date	in this block does not n	neet the applicable sta			
e record specifies a The 90th day after			ffective time, at	12:01 a.m. on	the earlier of
Dated March		$\frac{2018}{2018}$	101		1 THE T
	//MILI	NIM	WW		5 5
	Signature of a i	member or authorized re	presentative of a memb	er i j	

Page 3 of 3

Filing Fee: \$25.00