## 115000000 480

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## **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT	Sundrop	Photography, LLC		
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Shalini Agarwal		
		<u>.                                    </u>	Name of Person	
		Sundrop Photograph	hy, LLC	
			Firm/Company	
		6850 Sorrento St		•
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	<del> </del>
		SundropPhotography		
			to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please co	all:	
Shalini /	Agarwal		407 865-0652	
	Name of	Person		Telephone Number
Enclosed is	s a check for th	e 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



August 18, 2015

SHALINI AGARWAL 6850 SORRENTO ST ORLANDO, FL 32819

SUBJECT: SUNDROP PHOTOGRAPHY, LLC

Ref. Number: L15000000480

We have received your document for SUNDROP PHOTOGRAPHY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

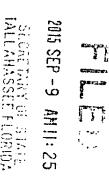
Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 215A00017408



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sundrop Photography, LL		
(Name of the Lim	ited Liability Company as it now apper (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on C	2-JAN-2015 and assigned
Plorida document number L15000000480	_	
	•	
his amendment is submitted to amend the following	llowing:	
A. If amending name, enter the new name	of the limited liability company b	iere:
, <u></u>	or the mineral manney company r	
he new name must be distinguishable and end with th	e words "Limited Liability Company" th	e designation "I.I.C" or the abbreviation "I.I.C."
		e designation Electric distribution Electric
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	7A 20
		S S
		TO Gazareno
Inter new mailing address, if applicable:		SSS 6
Mailing address MAY BE A POST OFFICE		
numer underess mai be a rost of free		
B. If amending the registered agent and	d/on magistaned office address a	• " = .
egistered agent and/or the new registered of		n our records, enter the name of the
1		
Name of New Registered Agent:	Shalini Agarwal	
New Registered Office Address:	6850 Sorrento St	
<del>-</del>	Enter Flo	orida street address
	Orlando	, Florida 32819

New Registered Agent's Signature, il 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> Fitle</u>	<u>Name</u>	, ,	Address	Type of Action
				Add
				Remove
				Add
				□ Remove
				Add
				Remove
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. ,	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	,
_	ı ı
_	
Effective The effective the date	/e date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	3/11/2015
	M.h. 21.
	Signature of a member or authorized representative of a member
	Shalini Agarwal
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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AND ANACORE FARY