L15000029173

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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SECRETARY OF STATE
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CHAMPTON

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	CHRISTINI	E FANT PHOTOGRAPHY, L	LC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please returr	nall correspor	ndence concerning this matter	to the following:	
		CHRISTINE FANT		
			Name of Person	
		4	Firm/Company	
		20648 NW 100 LANE		
			Address	
		ALACHUA, FL 32615		
		CUDICENIE E ANTONO	City/State and Zip Code	
		CHRISTINE.FANT@ICLC	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	•	
CHRISTINI	E FANT		407 402-1220 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 I	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

TO:

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 June 26, 2015

To whom it may concern:

I am attached the amendment to the Articles of Organization to change the name from the current Christine Fant Photography, LLC to the new name Dreamwell Photography, LLC. If you have any questions, please feel free to contact me at (407) 402-1220 or via mail at 20648 NW 100 Lane, Alachua, FL 32615.

Thank you,

Christine Fant

Cruspin yant

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTINE FANT PHOTOGRAPHY, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L15000029173	were filed on FEBRUARY 16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
DREAMWELL PHOTOGRAPHY, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20648 NW 100 LANE	
(Principal office address MUST BE A STREET ADDRESS)	ALACHUA, FL 32615	TALE 15
		SE TI
Enter new mailing address, if applicable:	20648 NW 100 LANE	- ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	ALACHUA, FL 32615	FLST III
		47 ATE ARIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	355
		Florida
N. D	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, a	and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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		
G		
AMRR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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n effective date is listed, the date must be sp	e of filing: (o pecific and cannot be prior to date of filing or more than 90 days a	after filing.) Pursuant to 605,0207
te: If the date inserted in this block do cument's effective date on the Departr	oes not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as
record specifies a delayed effe he 90th day after the record i	ective date, but not an effective time, at 12:0 is filed.	1 a.m. on the earlier of
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Christine	turg of a member or authorized representative of a member	SECRETALL AF
Signa	nurg of a member of authorized representative of a member	55 1 mass
CHRISTINE FANT		SAY E
	Typed or printed name of signee	AMIII: 47
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Filing Fee: \$25.00