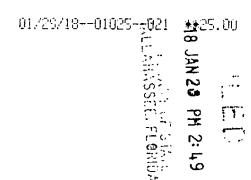
## 115000059864

(Requestor's Name)
(Address)
(10.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300308418183



JAN 3 0 2016 Y SULKER

## **COVER LETTER**

Division of Corporations FORREST IN FOCUS, LLC SUBJECT: 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: Chris Forrest Name of Person Firm/Company 4607 Belvedere Rd. Address West Palm Beach, FL 33415 City/State and Zip Code chris@cforrestphoto.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 56 L 512-5168 Chris Forrest at ( Daytime Telephone Number Name of Person Area Code 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 & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Linkilling	Company of their parties of any manufact	
(A Florida L.	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 115000059864	npany were filed on April 06, 2015	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Chris Forrest Photography, LLC		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• • •	<del></del>	
<u>Principal office address MUST BE A STREET ADDRE.</u>	<u>SS)</u>	
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		18
		J. A
	<del></del>	2 ES
3. If amending the registered agent and/or register	nod office address on our moonds ont	
egistered agent and/or the new registered office address		
egistered agent and of the new registered office address	35 ICI C.	
	`	
Name of New Registered Agent:		^^
		3.0
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<del> </del>
	Enter Florida street address	
	, Florida	
<del></del>	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.

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	Add
			□ Remove
			Change
		·	Remove
		·	Change
			Add
			SSEE FLORIES
			□ Remove
			Add
			□ Remove
			☐ Change
			Add
			Remove
			D Changa

·			<del></del>		<del></del>
				<del> </del>	<del></del>
			· · · · · · · · · · · · · · · · · · ·	<del></del>	
					<del></del>
<del> </del>		<del></del>			<del></del>
	···				<del></del>
					<del></del>
	<del> </del>		<del></del>	<del></del>	
<del></del>		<del></del>		F. 12	18
					ZINA!
			· -		V-
				F. 5	19 F
				AI A RID	<b>*</b>
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	be specific and cannot be p ock does not meet the ap	plicable statuto	ing or more than 90 day	( <b>optional</b> ) is after filing.) Pursuant is, this date will not b	to 605,0207 be listed as
the record specifies a delayed ) The 90th day after the rec		not an effec	ctive time, at 12	:01 a.m. on the	earlier of
Dated	. 2018	<del></del> •			
Us The	nature of a member or	authorized repres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00