(Requestor's Name)			
(Address)			
(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



400283264584

03/15/16--01001--028 **55.00

FILED

2016 MAR 14 AM 8: 02

COVER LETTER

TO: Registration S Division of Co			
Chatham SUBJECT:	Photo Art LLC		
Bedder.	Name of Limited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.		
Please return all corresp	pondence concerning this matter to the following:		
	Robert J Chatham		
	Name of Person	-	
	Chatham Photo Art LLC		
	Firm/Company	_	
	10789 65th Way N		
	Address	-	
	Pinellas Park, Florida 33782		
	City/State and Zip Code	-	
	chathamphotoart@gmail.com		
	E-mail address: (to be used for future annual report notification)	=	
For further information	n concerning this matter, please call:	SEC	
Robert J Chatham	727 458-3519 at ()	2016 MAR 1 SECRETAI	
Name	e of Person Area Code Daytime Telephone Numbe	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ן. רציין
			ا ا
Enclosed is a check for	the following amount:	ID: O	•
□ \$25.00 Filing Fee	(additional copy is enclosed) Certified	ate of Status &	

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

TO ARTICLES OF ORGANIZATION OF

Chatham Photo Art LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Florida document number	Liability Company were filed o	June 8, 2015 and assigned
his amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compar	ny here:
he 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 appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	SEC ING
		AR HAR
		SSR I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		E 6 6
Munic daness WAT BE AT OUT OF FICE	<u></u>	
3. If amending the registered agent and egistered agent and/or the new registered		s on our records, enter the name of the
Name of New Registered Agent:	Richard Williams (A Plus 7	Tax and Accounting Service Inc)
New Registered Office Address:	6518 US HWY 19 N	
new registered Office Address.	Ente	r Florida street address
	New Port Richey	. Florida 34652
	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

or removed from our records:

*MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
<u></u>		 	Add
			□ Remove
·	,	······································	Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change
	 		Add Add
			Add SECRETARY IF STATE Add Add Add Add Add Add Add
		- · · · · · · · · · · · · · · · · · · ·	ORIGINAL Add
			□ Remove
		1	
			□ Add
		*** * * * * * * * * * * * * * * * * * 	□ Remove

	• • • • • • • • • • • • • • • • • • • •	
		
		,
•		
	T 22 EE EE -	
	LECRE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	
		;
	SS50 = 1	1
		_
		•
	OR O	
Effect	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020	7 /3\/
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	s the
docur	ment's effective date on the Department of State's records.	
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	f:
The	e 90th day after the record is filed.	
	9-10 110	
Dated	1 <u>3-10-1le</u>	
	Peta Chitte	
	- John & Man Men	
	Signature of a member or autiforized tepresentative of a member	
	Robert T Challing	
	Typed or printed name of storage (

Page 3 of 3

Filing Fee: \$25.00