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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 23 2015  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHRISTINE DIORIO PHOTOGRAPHY LLC

\_\_\_\_\_  
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:

GERRY VALDES-SANCHEZ  
\_\_\_\_\_  
Name of Person

Hyde PARK ACCOUNTANTS, PA  
\_\_\_\_\_  
Firm/Company

2305 W. MORRISON AVE  
\_\_\_\_\_  
Address

TAMPA, FL 33629  
\_\_\_\_\_  
City/State and Zip Code

VSA@HYDEPARKACCOUNTANTS.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHRYN Kille. ew at (813) 259-4529  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTINE DIORIO	10619 WEYBRIDGE DRIVE	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSEPH L DIORIO	10619 WEYBRIDGE DRIVE	<input type="checkbox"/> Add
		TAMPA, FL 33626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: JULY 17<sup>th</sup>, 2015 (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JULY 17<sup>th</sup>, 2015

Christine Diorio

Signature of a member or authorized representative of a member

CHRISTINE DIORIO

Typed or printed name of signee

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