L15000114950

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
i :		

Office Use Only



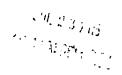
200275039352

07/22/15--01004--015 **25.00

FILED

15 JUL 22 PH 2: 46

SECRETARY OF STATE
ORID



COVER LETTER

TO:	Registration Se Division of Cor			
CHIDIE		E DIORIO PHOTOGRAPHY	LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		CHERRY VAL	OES Sanchez Name of Person	
		, , ,	Name of Person	
		AVAC PAR	Name of Person K ACCOUNTANTS PA Firm/Company	
			Firm/Company	
		2305 W. N	LOPAKIN AVE	
			Address	, (** - 111 - 1
		Tamba Fi	7 32659	
		_ MANA	City/State and Zip Code	
		VSA) Myde	PARKACCOUNTANTS. To be used for future annual report notif	com
				ication)
For furt	her information e	oncerning this matter, please ca	all:	
KAT	MRYN KI	ke. ew	at (813) 359 -	4529
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne 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: STREET/COURIER 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTINE DIORIO PHOTOGRAPHY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/02/2015}{1}$ Florida document number _____L15000114950 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10619 WEYBRIDGE DRIVE Enter new principal offices address, if applicable: TAMPA, FL 33626 (Principal office address MUST BE A STREET ADDRESS) 10619 WEYBRIDGE DRIVE Enter new mailing address, if applicable: **TAMPA, FL 33626** (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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>	Type of Action
MGR	CHRISTINE DIORIO	10619 WEYBRIDGE DRIVE	Add
		TAMPA, FL 33626	☐ Remove
			☐ Change
AMBR	JOSEPH L DIORIO	10619 WEYBRIDGE DRIVE	
		TAMPA, FL 33626	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change SECREDADA
			O Company
			2 Remove 2 R
			Add
			Remove
			Change

N/Λ				
•				
 -				
	 -			
				
				
	···			
				
				
				
	_ ,		-	
tive date, if other than the date	of filing: July	171, 2018	(optional)) Durawant to 605 0
: If the date inserted in this block d	oes not meet the applica			
ment's effective date on the Departi	ment of State's records.			
, <u>, , , , , , , , , , , , , , , , , , </u>		.		
ecord specifies a delayed effore a secord in the second in		an effective time	, at 12:01 a.m.	
·			ALI	는 (- 125mg) 전 전
TULY 17th,	201	5	7	T IL. 15 JUL 22 SEUKETAR
· _ 	, <u></u>	<u> </u>	P	D 2
$\Omega I = 1$. =		57	(300 to 3
TULY 17th	ature of a member or autho		-3.3.C.	2 PM 2: 46

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00