# L15000 155001

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2016 JUN 14 PM 2: 31

K.SALY EXAMINER JUN 16

### **COVER LETTER**

TO:	Registration Sect Division of Corpo		٠,	
SUBJ	ect: Tin Hu	1 Photography, LL Namo of Limi	ted Liability Company	
The e	nclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please	e return all correspond	lence concerning this matter	to the following:	
			MEGAN GONZALEZ  Name of Person	
		Tir	1 Hen Photography, U.C. Firm/Company	
		59104 1	Bartvam Village Dr.	
		Jacks	City/State and Zip Code	
		E-mail addless: (	3017a C223 @ an   Com de used for future annual report notif	fication)
For fu	rther information cor	cerning this matter, please ca	ıll:	
	Megan Go	MZALEZ Person	at ( 904 ) 345 - 6 Area Code Daytime	9329 e Telephone Number
Enclo	sed is a check for the	following amount:		
<b>□</b> \$2	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:**

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

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	v aslit now appears on our records.) ALLA ITASSPE FI POR
The Articles of Organization for this Limited Liability Company violation for the Library of Company violation of Company violation for the Library of Company violation for the Limited Liability Company violation for the Limited Liability Company violation for the Library of Company violation for the Library violation	were filed on 9/10/2015 and assigned 3/
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Little Tin Hen. LLC. The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>	5964 Bartyam Village Dr. Jacksonville, FL 32258
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	5964 Bartram Village Dr. Jacksonville, FL 32258
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:  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

Zip Code

### $\underline{\text{or removed from our records}};$

MGR = Manager AMBR = Authorized Member		FILED			
<u>Title</u>	<u>Name</u>	Address 20/	FILED 6 JUN 14 PM 2:32	Type of Action	
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(If an effective Note: If the	e date inserted in this block de	of filing:
	specifies a delayed effe h day after the record i	ective date, but not an effective time, at 12:01 a.m. on the earlier of: s filed.
Dated	June 9	
_	•	Wkran Gonzalez
	Signa	sture of a member or authorized representative of a member
		( )

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Filing Fee: \$25.00