

L15 000157054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

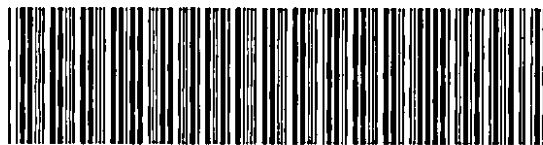
(Business Entity Name)

(Document Number)

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FILED  
2019 DEC 27 PM 2:02  
TALLAHASSEE, FL

DEC 30 2019  
C Kinsey



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2019

LORENA GILLISPIE  
7139 N BRENTWOOD RD  
FT MYERS, FL 33919

SUBJECT: LORENA GILLISPIE PHOTOGRAPHY LLC  
Ref. Number: L15000157054

We have received your document for LORENA GILLISPIE PHOTOGRAPHY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 819A00023204

2019 DEC 27 PM 2:17

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Lorena Gillispie 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:

Lorena Gillispie  
Name of Person

Firm/Company

7139 N Brentwood Rd  
Address

Fort Myers, FL, 33919  
City/State and Zip Code

info@lorenagillispie.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Gillispie at ( 239 ) 340-3446  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee<br>X already<br>sent a \$35<br>check | <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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Lorena Gillispie 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 9-15-15 and assigned  
Florida document number LS00057054.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

Lorena Gillispie Designs LLC

The 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 applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

N/A	2019 DEC 27 PM 2:02	FILED

3. 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:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

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**Effective date, if other than the date of filing:** \_\_\_\_\_ **(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.

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

Dated November 20<sup>th</sup>, 2019

Lorena Gillispie

Signature of a member or authorized representative of a member

Lorena Gillispie

Typed or printed name of signee