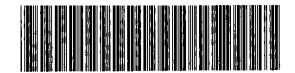
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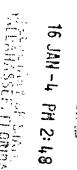
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## COVER LETTÉR

	Registration Se Division of Cor			
SUBTEC		ALWAYS REMEMBERED MOMENTS PHOTOGRAPHY LLC    Name of Limited Liability Company		
SOBJEC	· · ·	Name of Lim	ited Liability Company	······································
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Marianne Boyds		
		*** ** *******************************	Name of Person	
		ALWAYS REMEMBERE	ED MOMENTS PHOTOGRAPHY I	LLC
			Firm/Company	DGRAPHY LLC  The legislation of
		8508 Shane CT		
		<del>-</del>	Address	
		Saint Augustine, Fl. 32092	?	
			City/State and Zip Code	,, , , , , , , , , , , , , , , , , , ,
		, ,		
The encl. Please re  Arthur o		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please c	all:	
Arthur o	r Marianne Boy	ds		
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

## ALWAYS REMEMBERED MOMENTS 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 11/02/2015 \_ and assigned Florida document number \_L15000185465 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) B. If amending the registered agent and/or registered office address on our records, enter the name 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

# , 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>	Name	Address	Type of Action
Mrs. Mgr	Marianne Boyds	8508 Shane CT, Saint Augustine, F	Add
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			□ Add
			Remove
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8508 Shane CT, Saint Augustine, Fl. 32092.		
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record specifies a delayed effective date, but not	an effective time at 12:01 a.m. on the ca	rlior
The 90th day after the record is filed.	all effective time, at 12.01 a.m. on the ea	mei
, 12/28/2015 agb		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00