116000053614

(Re	questor's Name)			
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2016 NOV 16 PM 5: 59
SECRETARY OF STATE

K. SALY NOV 2 2 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 4, 2016

THE HART STUDIO PHOTOGRAPHY LLC CANDICE HART 1635 W DAUPHTERY RD. LAKELAND, FL 33810

SUBJECT: THE HART STUDIO PHOTOGRAPHY LLC

Ref. Number: L16000053614

We have received your document for THE HART STUDIO PHOTOGRAPHY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6051.

Letter Number: 816A00023796

Karen A Saly Regulatory Specialist II 2016 NOV 16 PM 3: 1

www.sunbiz.org

COVER LETTER

FO: Registration Section ' Division of Corporations	
SUBJECT: The Hart Studio Photography, CLC 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:	
Cardice Hart Name of Person	
The Hart Studio Photography, LLC Firm/Company	
1635 W. Daughtery Rd Address	
Lakeland, Fl 338/0 City/State and Zip Code	
Silverhart Co Qamail. Com E-mail address: Ho be used for future annual report notification)	
For further information concerning this matter, please call:	
Cardice Hart at (863) 860 - 7335 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\text{Certified Copy}\$ (additional copy is enclosed) \$\Bigcup \$\text{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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF
ARTICLES OF ORGANIZATION OF 2016 NOV 16 The Haat Studio Photography LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) She Atticles 60 as its factor of the Linited Liability Company)
and assigned
Florida document number <u>L 16 000053614</u> .
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:
The Silver Hart Company 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)
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:
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			FILED		
<u>Title</u>	<u>Name</u>	Address	2016 NOV 16 PM 5: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action	
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ffective date, if other than the date of fi	ling:(optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
	ot meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of	of State's records.
	e date, but not an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is file	ed.
Dated November 152	<u></u>
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	1506
Signature o	of a member or authorized representative of a member
Pan	dice Harr Typed or printed name of signee
	XILY. MUIT

Page 3 of 3

Filing Fee: \$25.00