# <u>L16000108646</u>

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SECRETARY DE STATE ALLAMASSEE, FLORIDA

JUL 05 2016 S. YOUNG

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Appline Cooper 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:	
Appline Cooper Name of Person	
Appline Cooper Photography, LLC	
4905 SW 33rd Ave	
Ft. Louderdale FL 33312  City/State and Zip Code  Cooper Appline Q vahoo - com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Appline Cooper  at (954) 288-5309	15ECRETAN
For further information concerning this matter, please call:	
Appline Coaper at (954) 288-5309  Name of Person Area Code Daytime Telephone Number	07104
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$ Certified Copy (additional copy is enclosed) \$\Bigcup \\$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

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

Appline Cook (Name of the Limited Liabilit (A Florida	er Photography, LLC ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on June ale, 2014 and assigned
Florida document number <u>L16000108646</u>	<sup>*</sup>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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 ADDR	RESS)
	<u> </u>
Enter new mailing address, if applicable:	P MORE
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	

Λ

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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 4905 Sw 3310 Ave Ft. Louderdole, FL 3331Z	Type of Action
MGR	Appline Cooper	Ft. Louderdole, FL 3331Z	Add
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			Change
			Add
			Remove
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ective date, if other than the date of filin effective date is listed, the date must be specific an te: If the date inserted in this block does not a	d cannot be prior to	o date of filing or mo	(option ore than 90 days after fill requirements, this d	ling.) Pursuant to 605.02
nument's effective date on the Department of		·		
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record specifies a delayed effective ( he 90th day after the record is filed:		an effective ti	me, at 12:01 a.i	n. on the earlier
ed June 2,9	, 2016			
red June 29 Applie				
	( 10 121.	ized representative	of a member	

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Filing Fee: \$25.00