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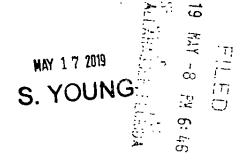
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PICTURE PERFECT DIAMY DRAPS. I LOVE Name of Limited Liability Company You Adduction
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Bany L. Lailly-First Name of Person
P.S. I LOVE YOUD MUCTIONS Firm/Company
441 Hilkoulo Ct
City/State and Zip Code
E-mall address: (to be used for fature annual report notification)
For further information concerning this matter, please call:
Part Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$Certificate of Status \$\Bigcup \$Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, 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

PICTURE PERFECT PLAI	NNING FL LLC	
(<u>Name of the Limited Liability</u> (A Florida	y Company as It now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	and Lightlin Commons "the designation	and I C' coatha abbandarian M. I. C."
Enter new principal offices address, if applicable:	MA A	The or the appreviation The C.
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:	NIA	19 MAY F
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our ro	ecords, enter the name of the new
Name of New Registered Agent:	hard Bapa Fi	nck
New Registered Office Address:	CALLI HillSCM Enter Florida street	1e C +
	ill mory	_, Florida 3274\(\sigma\) 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richard Bajan Finde	441 Hilsdale Ct	D-Add
	FINAL	441 Hilsdale Ct Lakeman, Fl 32746	□ Remove
			Change
			□ Add
			Remove
			Change
			O Add
			Remove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_D Add
			_□ Remove
		·	_□ Change
			_□ Add
			_□ Remove
			□ Change

Note:	ive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	strong front 1-tirk
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00