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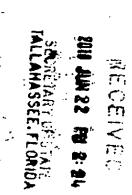
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration S Division of Co					
Clid iv <i>e</i>	JenAnn Pl	notography LLC				
SUBJEC	-1;	Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		Jennifer A. Gutowski				
			Name of Person			
		JenAnn Photograpy LLC				
			Firm/Company	 		
		211 Birch Avene				
			Address			
		Melbourne Beach, FL 329	51			
			City/State and Zip Code			
		jengutowskiphoto@gmail.c				
		E-mail address: (to be used for future annual report notif	ication)		
For furth	er information	concerning this matter, please or	all:			
Jennifer	Gutowski		321 431-6687			
	Name (of Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for t	he following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

JenAnn Photography LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ____L12000125309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jennifer Gutowski Photography LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Florida City 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wis 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, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			□ Remove
			□ Change
			□ Add
			R hive
			
	 		A A
		 	Pomove ₩
			Change
		-	Add
			Remove

_□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be detected as 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. with efficient of the poth day after the record is filed.
Dated 06 20 18
DA A. GA
ignature of a member or authorized representative of a member
Jennifer A. Gutowski

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00