115000/21829

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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D SCOTT MAY 15 2019



April 26, 2019

FRANKLIN E CASTILLO TORO 18800 NE 29TH AVE #1006 AVENTURA, FL 33180

SUBJECT: FEC PHOTO, LLC Ref. Number: L15000121829

We have received your document for FEC PHOTO, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 519A00008393



COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE	FEC Photo.	LLC.	·	•	
SUBJE	C1:	Name of Lim	ited Liability Company		
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
		Franklin E. Castillo Toro			
		<u></u>	Name of Person		
		Frank Castillo Photograph	y, LLC.		
Name of Person Frank Castillo Photography, LLC. Firm/Company 18800 NE 29th Avenue #1006 Address Aventura, Florida 33180					
		18800 NE 29th Avenue #1	006		
			Address		0 Filing Fee, ficate of Status &
		Aventura, Florida 33180			:
			City/State and Zip Code		·
		frank@frankcastillo.photog		· · · · · ·	<u> </u>
		E-mail address: (to be used for future annual report notific	zation)	`>
For furt	her information co	oncerning this matter, please c	all:		
Frankli	n E. Castillo Toro		305 401-7466		
	Name of	Person	Area Code Daytime	Telephone Number	_
Enclose	d is a check for th	e following amount:			
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Cop	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clition Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEC Photo, LLC.			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.15000121829}{1.15000121829}$.	were filed on 07/15/2015	and ass	igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Frank Castillo Photography, LLC.			
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LEC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	18800 NE 29th Avenue #1006		
(Principal office address MUST BE A STREET ADDRESS)	Aventura, Florida 33180		
		•	1
Enter new mailing address, if applicable:	18800 NE 29th Avenue #1006	٤	1
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, Florida 33180		L.C."
		>:	* 1
		نـِ.	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>ento</u> <u>e</u> :	er the name	of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	Cuy	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, enter the title, name, and address of each person being added or removed from our records:

Type of Action

MGR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	
	<u></u>		

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		 □ Remove
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ective date, if other than t	he date of filing:		(option	
reffective date is listed, the date in this term on the date inserted in this tument's effective date on the	block does not meet the a	pplicable statutory f	or more than 90 days after fi iling requirements, this d	ing.) Pursuant to 605,02 ate will not be listed a
record specifies a delay he 90th day after the r		t not an effectiv	re time, at 12:01 a.r	n. on the earlier
ed April 10	2019			
		authorized representa		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00