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COVER LETTER

Division of Co	orporations		
73 F 3 F 5 F 5 F 13 23 F 13	tography LLC		
SOBJEA, I.	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Sandro Bukovnik		
		Name of Person	
	B&K Photography LLC		
		Firm/Company	
	2160 Drew Street		
		Address	
	Clearwater Florida 33765		
		City/State and Zip Code	
	bkstudio@thebkstudio.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please ca	all;	
Sandro Bukovnik		402 499-8923 at () Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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:

TO:

Registration Section

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

(Name of the Limited Liabilit	y Company as it now appears on our reco	rds.)	-
(A Florida	y Company as it now appears on our reco Limited Liability Company)	1-3-1-1	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/06/2019	and a	ıssigned
Florida document number 1.18000285817	_·		
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LI,	•	L.L.C."
Inter new principal offices address, if applicable:		10 A	
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	APR 2	Ti
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inter new mailing address, if applicable:		<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		8	
s. If amending the registered agent and/or registored agent and/or the new registered office address.	ered office address on our recordess here:	ds, <u>enter the name</u>	e of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	'88	
	, F	lorida	
	City	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kevin A Kelly	2160 Drew Street Clearwater FL, 33765	Add
		-	■ Remove
			☐ Change
MGR	Nicholas James Autiero	2160 Drew Street Clearwater FL, 33765	
			Remove
			Change
··-			S _C D Add
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fective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of filingte: If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days atter tiling.) Pursuam to 60 ry filing requirements, this date will not be list	5.0207 ted as
ecument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli	ier of
Sandro Buk OVA ik		
landa M. 1. 1		
Signature of a member or authorized represe	entative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00