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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		tography LLC		
SUBJECT.		Name of Lin	ited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Rina Coker		
			Name of Person	
			Firm/Company	
		916 Spruance Road		
			Address	
		Monterey CA, 93940		
			City/State and Zip Code	
		rinacoker15@hotmail.com		
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)
Rina Coker			954 5526146 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration Se	ction
Registration Section			District CO-	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on January 3, 2020 and assigned Florida document number L20000010861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Rina Coker 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.	(<u>Name of the Limited Liah</u> (A Flori	illity Company as it now appears on our records.) ida Limited Liability Company)	
A. If amending name, enter the new name of the limited liability company here: Rina Coker 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 and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability		and assigned
Rina Coker 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** **Building address MAY BE A POST OFFICE BOX** **Building address on our records, enter the name of the new registent and/or the new registered office address here: **Name of New Registered Agent:** **New Registered Office Address:** **Enter Florida street address** **Florida ** ** **Florida ** **Florida ** ** **Florida ** ** ** ** ** ** ** ** ** **	This amendment is submitted to amend the following:		
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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of the li	mited liability company here:	
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New Registered Office Address: Enter Florida street address Florida	Name of New Registered Agent:		
	New Registered Office Address:		
			1 1 2 5
			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>	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00