## L20 000 170565

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	<del>/</del> )
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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<sup>nec</sup> 1 6 2020 S. YOUNG



### **COVER LETTER**

TO: Registration Sec Division of Corp		, rj	<b>.</b>
SUBJECT:	Re-vhe Name of Limited Lia	aled Photo	graphy
The enclosed Articles of A	Amendment and fee(s) are submitted	for filing.	
Please return all correspon	dence concerning this matter to the	following:	
	Lavi	neart Nelson	
		Name of Person	
		Firm/Company	
	10489 Luc	aiza Ph.	
	Tampa	FR 3 He //State and Zip Code	17
	(kg/inniene-	State and Zip Code  Yevhealed photosed for future annual report notifica	ocyraphy (damoul-com
For further information con	ncerning this matter, please call:		
- Lavine Name of	ent Nelson Person	ar ( <del>( <b>( )</b> -   )                               </del>	0121
			oroganotic i validos
Enclosed is a check for the	following amount:		
\$25.00 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 Address:
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

(Name of the Limited Liabilit	ty Company as it now appears on our records.) Limited Liability Company)
(A Florida	(Limited Liability Company)
The Articles of Organization for this Limited Liability C	and the second s
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
	4 1 4 1 6
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
(Timepur office and	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAT BE A POST OF FIELD BOST	•
p. 16 amonding the registered agent and/or registers	ed office address on our records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address Florida 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 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	Lavincent Nelson	10489 Lucaya PR.	DAdd
	•	10489 Lucaya Ph. Tanpa FK 33647	□Remove
			□Change
			□Add
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ective date, if other than effective date is listed, the date te: If the date inserted in the nument's effective date on the	must be specified to the must be specified in the	ic and cannot be p not meet the app	rior to date of filing plicable statutory	g or more than 90 d	_ (optional) ays after filing.) Prents, this date wi	ursumt to 605.020 Il not be listed as
cord specifies a delayed effe s filed.	ective date, bu	t not an effectiv	re time, at 12:01	a.m. on the earlie	erof:(b) The 9	Oth day after the
ed [].[0		200	<u>υ</u> .			
	Signature	of a member or a	USV- uthorized represen	itative of a member		
		$\overline{}$				