

To:

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2024-02-17 10:23:20 UTC+14

18506176383

From: ZenBusiness User

2/16/24, 4:21 PM

Division of Corporations

H24000065256 3

**L220 00386416**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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((H24000065256 3))



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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : ZENBUSINESS INC.  
 Account Number : T20230000190  
 Phone : (844)449-3624  
 Fax Number : (844)449-3624

2024 FEB 16 PM 2:34  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MINDS EYE PHOTOS LLC**

Certificate of Status	0
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8/17/2024  
 MINDS EYE PHOTOS LLC  
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To:

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2024-02-17 10:23:20 UTC-14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H24000065256 3

Minds Eye Photos LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/02/2022 and assigned  
Florida document number L22000386416.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3013 Hythe A

Boca Raton, FL 33434

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3013 Hythe A

Boca Raton, FL 33434

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SECRETARY OF STATE  
TALLAHASSEE, FL

**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*

*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

To:

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alan Goldberg	3013 Hythe A	<input type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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