118000043135

(R	(equestor's Name)				
(A	ddress)				
<u> </u>	ddress)				
(C	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(C	Ocument Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Laura Lyon Medi	a Inc.	. <u>- 1-1-1</u>	
DOCUMENT NUMBE	R: P18000043135			
The enclosed Articles of	Amendment and fee are su	ıbmitted for fili	пу.	
Please return all correspo	ondence concerning this ma	tter to the follo	wing:	
La	aura Lyon			
		Name of Co	ontact Person	1
La	aura Lyons Media Inc			
-	·	Firm/ C	Company	<u> </u>
2	112 WEST SPRUCE ST	REET		
		Ade	dress	
T:	ampa, FL 33607			
_		City/ State a	and Zip Cod	e
acctgro	up@aleakeaccounting.c	om		u
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information c	oncerning this matter, pleas	se call:		
Andre Leake		at (813	490-6221
Name of	Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the l	Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Сору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Laura Lyon Media Inc.					
(<u>Name</u>	of Corporation as curren	tly filed with the Floric	ia Dept. of State)		
Laura Lyon Media Inc.	00043135				
	(Document Number	of Corporation (if know	n)	-	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corpord	ation adopts the foll	lowing amendme	ent(s)
A. If amending name, enter the new n	ame of the corporation:				
Laura Lyon Photography Inc.				The new	ı'
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	"Co". A professional		he abbreviation	71
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S		 		38	
					1-1
				~	
C. Enter new mailing address, if appl	icable:	N/A			O
(Mailing address MAY BE A POST	OFFICE BOX				
				49	
			·		
D. If amending the registered agent an new registered agent and/or the ne			the name of the		
	N/A	33.			
Name of New Registered Agent		_			
		<u> </u>		<u> </u>	
	(Florida :	street address)			
New Registered Office Address:		, Florida			
		(City)		(Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agei	nt:			
I hereby accept the appointment as regis			ligations of the posit	tion.	
	Signature of New	Registered Agent, if cha	nging		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Ņ</u> a	<u>me</u>	<u>Addres</u> s
I) Change	N/A			
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				- Paraga
Add				
Remove				
5) Change				
Add				
Remove				
Kenove				
6) Change				
Add				
Remove				

(Attach ud	ditional sheets, if	<mark>ditional Articles, e</mark> necessary). — (Be s	specific)	 .		
N/A						
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11.1.			· ·			
						
F 16		. 	-aalaasiG-atina	or cancellation o	ficered charge	
provisio	ns for implement	s for an exchange, ting the amendmer	reciassification, it if not containe	d in the amendn	nent itself:	
•	ot applicable, ind	icate N/A)				
N/A 						
-			· ·			
<u></u>	<u> </u>					
						
<u> </u>						

• • •	09/10/2018	
The date of each amendment(s) a		, if other than the
date this document was signed.		
	10/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-4··
Note: If the date inserted in this l document's effective date on the De	block does not meet the applicable statutory filing requirements, epartment of State's records.	this date will not be listed as t
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the amend afficient for approval.	lment(s)
	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	
	for the amendment(s) was/were sufficient for approval	
bv 1	(voting group)	
, <u></u>	(voting group)	
	opted by the board of directors without shareholder action and shareholder	eholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and sharehol	der
09/10/201	8	
Dated		
	Jan 24m	
Signature		<u> </u>
	lirector, president or other officer – if directors or officers have noted, by an incorporator – if in the hands of a receiver, trustee, or other	
	ted fiduciary by that fiduciary)	er court
aj, j. J.	,	
	Laura Lyon	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	