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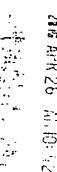
(Requesto	r's Name)
(Address)	
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PICK-UP	WAIT MAIL
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COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC	r. 13	HC Photograph.	LLC	
SOBILE	···	Name of Lim	iled Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	ak Ar
Please reti	arn all correspo	ondence concerning this matter	to the following:	. • •
		Ba	Name of Person	^
		Вн	C Photography Firm/Company	LLC
		765	8 SW. 118th Wa Address	<u>-</u>
		Mira br	City/State and Zip Code	10 N
For furthe	r information c	E-mail address: (oncerning this matter, please ca	to be used for future annual report not	ification)
R	Name o	r Person	at (954) 358 Area Code Daytin	5 - 09 3 L ne Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ \$ 25,00	9 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TO		1
ARTICLES OF OR	RGANIZATION	· Es .
OF		100 P. C.
Name of the Limited Liability Company	as it how appears on our records.)	
(A Florida Limited Lia	bility Company)	The state of the s
The Articles of Organization for this Limited Liability Company w	ere filed on 06 20 2014	and assigned
Florida document number <u>L14000098996</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
OHE EYE MEDIA LL.C	,	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
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 registered agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the ne
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

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
			D Add
			□ Remove
			□ Change
	<u> </u>		□ Add
			☐ Remove
			Change
			Remove
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		. .	Change
		<u> </u>	Remove
			Change
			Add
			□ Remove
			Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of		
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Filing Fee: \$25.00