L19000165064

(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
	
Special Instructions to I	Filing Officer:
	3/2/21
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Office Use Only



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2021 HAR -2 PM 5: 3 SECRETARY OF STATE

3/3/21

Division of Corporations

200111 57 2: 07

February 18, 2021

NICOLE DECHAVEZ 1780 PALM COVE BLVD #105 DELRAY BEACH, FL 33445

SUBJECT: NICOLE DECHAVEZ PHOTOGRAPHY LLC

Ref. Number: L19000165064

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 021A00003699

COVER LETTER

TO:

Registration Section

Division of Cor	porations		**,		
	havez Photography LLC				
SUBJECT:	Name of Lim	ited Liability Company			
m 1 14 2 1 0					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Nicole Dechavez				
	Name of Person				
	Nicole Dechavez Photography LLC				
	Firm/Company				
	1780 Palm Cove Blvd #1				
		Address	···		
	Delray Beach, Florida 33	3445			
		City/State and Zip Code	.		
	nicole@nicolefalcophotog				
	E-mail address: (to be used for future annual report no	tification)		
For further information e	oncerning this matter, please c	all:			
Nicole Falco		561 376-3493			
Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee		□ 556 00 Ellion E on 6	Figer on Filler Face		
325.00 Filing Fee	■ \$30,00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For, Certificate of Status & Certified Copy tadditional copy is enclosed		
Mailing Address:		Street Address:			
Registration Section			Registration Section		
Division of Corporations			Division of Corporations The Centre of Tallahassee		
P.O. Box 632					
Tallahassee, FL 32314		2415 N. Monr	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 HAR -2 PM 5: 39

NICOLE DE	CHAVEZ PHOTO	RAPHY LLC	SECRETARY OF THE
(Name of the Limited	Liability Company as it no Florida Limited Liability Co	w appears on our recompany)	SECRETARY OF STATE OF ALLAHASSEE, FL
The Articles of Organization for this Limited Liab		d on <u>6/2</u> H	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability com	pany here:	
Nicole Falco Photography LLC			
The new name must be distinguishable and contain the word	ds "Limited Liability Compa	ny," the designation "L	.LC" or the abbreviation "L L.C."
Enter new principal offices address, if applicah	ile:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	NICOLE	FALCO	
New Registered Office Address:			
		Enter Florida street ada	tress
		·	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 ameliding 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
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□ Remove
			[]Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) As the authorized Person of this business, I am requesting to change my legal name on the business. Pre E. Effective date, if other than the date of filing: 01/01/2021 (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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member Nicole D. Falco

Filing Fee: \$25.00

Typed or printed name of signee