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COVER LETTER

TO: Registration 8 Division of Co			
Umbris P	hotography, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alan Goulet		
	~ -	Name of Person	
	Impressifi, LLC		DZI AL
		Firm/Company	<u></u>
	54 Bass Lake DR		2021 AUG 10 PM 3: 28 SECTION AY OF STATE TALL MASSEE, FL
		Address	—————————————————————————————————————
	DeBary, FL 32713		3: 28 STATE FL
	-	City/State and Zip Code	
	annualreport@impressifi.ed		
Live footbox information		to be used for future annual report not	fication)
ror turtier information	concerning this matter, please c	air	
Alan J. Goulet		407 212-7770	
Name	of Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 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)
Mailing Addre Registration		Street Address: Registration Se	ction
Division of C		Division of Cor	
P.O. Box 633	27	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Umbris Photography, LLC	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 22, 2004	and assigned
Florida document number <u>L04000054441</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	. 20
Impressifi, LLC		70 T
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		His w
		F 28
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ie name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	. Flor	ida
	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
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			□Remove
			Change
			□Add
			Remove
			SEC ZOChange
			SECHARGE AND THE STATE STATE STATE
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ective date, if other effective date is listed.	r than the date of f the date must be specific	Tling: c and cannot be p	prior to date of fi	ling or more than 90	(optional)) days after filing.) Pursuan	t to 605.02
e: If the date inserte ument's effective da	ed in this block does r te on the Department	not meet the ap of State's reco	plicable statut ords.	ory filing require	nents, this date	will not	he listed
cord specifies a delay tilled.	yed effective date, but	t not an effecti	ve time, at 12:	H a.m. on the ea	dier of: (b) Th	ie 90th di	ay after th
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Filing Fee: \$25.00