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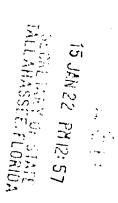
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COVER LETTER

TO:	Registration Se Division of Cor		*			
CLVD LE	-	asch Photography LLC				
SUBJE	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
		Wayne Lasch				
			Name of Person			
Wayne Lasch Enterprises, LLC						
Firm/Company						
		2335 Fiddlers Lane		·		
			Address			
		Atlantic Beach, FL 3	2233			
		wdlasch@gmail.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	cation)		
For fur	ther information c	oncerning this matter, please ca	all:			
Wayr	ne Lasch		904 631-4165			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	ne following amount				
■ \$25	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Wayne Lasch Photography, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
The Articles of Organization for this Limited Liability Compared Florida document number	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Wayne Lasch Enterprises, LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the	ne abbreviation "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 registered agent and/or the new registered office address h		er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	JW 22
	City	□ Zip Code ····
New Registered Agent's Signature, if changing Registered Agen	n <u>t:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my duties, and I a s provided for in Chapter 605, F.S. (m familiar with and Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add ____ Remove _□ Add _□ Remove _____ Add □ Remove _ Add _□ Remove __ 🗆 Add _____ □ Remove _____ Add ☐ Remove

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Filing Fee: \$25.00

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