## L08000106561

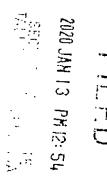
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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December 19, 2019

STUDIO B PHOTOGRAPHY, LLC 1983 ABRICO DRIVE H-6 LUTZ, FL 33558

SUBJECT: STUDIO B PHOTOGRAPHY, LLC

Ref. Number: L08000106561

We have received your document for STUDIO B PHOTOGRAPHY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 419A00025891

Yasemin Y Sulker Regulatory Specialist III

## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: St	uctio B P	Photography, ted Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	William	C. Tsraels	<u>oh</u>
	Studio	B Photogra	phy
	971 Pa	rK Street, 1	10it 414
	Clearwa	ter, FL 33	3755
	Willand Ko E-mail address: (6	ate photo @ gr	ngil.com
For further information co	oncerning this matter, please ca	II:	
Kate Is	Fraelson Person	at ( <u>813</u> ) <u>435</u> Area Code Daytime T	-6446 Telephone Number
Enclosed is a check for the	e following amount: - PRE	Jiansky Pard	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	22 \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

The Articles of Organization for this Limited Liability Company w	vere filed on <u>11–17–2008</u>	and assigned
Florida document number <u>L0800010656</u>		
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liabili	ity company here:	
WILL AND KATE ENTERP The new name must be distinguishable and contain the words "Limited Liability	RISES LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
	$\mathcal{F}_{n}$	. <u>~</u>
Enter new mailing address, if applicable:	127	020
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<del>-</del> 6
	***	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ddress on our records, <u>enter the name o</u>	the new registered
agent and the new registeres where were son and		54
Name of New Registered Agent:	·	•
New Registered Office Address:	Enter Florida street address	
	ri - a	• .
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
The decree of a consistence of a registered arount and agree	. to act in this capacity. I findly arrea	to comply with the

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
			□ Change
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		<del></del>	□Remove
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). Hame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	5.0207 (3) ed as the
the record cord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte ed.	r the
Dated	8 JAN 2019  Signature of a stember or authorized representative of a member	
	Signature of a member or authorized representative of a member	•
	WILLIAM ISZAELSON	
	WILLIAM ISZAELSON Typed or printed name of signer	

Filing Fee: \$25.00