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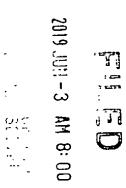
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C. GOLDEN
JUN 2 1 2019

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: JEFF	OLSON Ph	ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JEFF OLE	So Name of Person	
	JEFF OLS	N Photogramy Firm/Company	PH LIC
	10 DAKS	D C Address	
	JACKSON	VILLE BEACH City/State and Zip Code	FL- 32250
	OLSON FOTO E-mail address: (1	to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	ill:	
SEFF OL Name o	SON Person		8229 e Telephone Number
Enclosed is a check for th	ne 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 cadditional copy is enclosed)

MAILING ADDRESS:

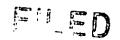
TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JEFF OLSON PY	NOTUGYADLY LLC Liability Company as it now appears on our record Florida Limited Liability Company)	2019 JUN -3 AM 8: 00
The Articles of Organization for this Limited Liabi Florida document number <u>LO9001121</u>	ility Company were filed on $\frac{1}{12000}$	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the Land Court of the new name must be distinguishable and contain the word	- \ C	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		a enter the name of the i
Name of New Registered Agent:	 	
New Registered Office Address:	Enter Florida street addres:	·
_	Flo	orida
	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 a 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			🗆 Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
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			Add
			□ Remove
			☐ Change

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	187 - The state of	
(If an et <u>Note:</u>	tive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
Dated	5/29/19	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00