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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se			
	Division of Cor	porations.	.	
SUBJE		PHOTOGRAPHY, LLC	e e e e e e e e e e e e e e e e e e e	
3C DJE			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		EVELYN PANIAGUA		
			Name of Person	
			Firm/Company	
		1921 W WOOLBRIGHT I	RD APT B 102	
			Address	
		BOYNTON BEACH, FL	33426	
		**************************************	City/State and Zip Code	,
		PANIAGUA.EVELYN@GI		
		·	to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please co	all:	
EVEL	YN PANIAGUA		786 5257057 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	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

ESTELAK PHOTOGRAPHY, LLC		
(Name of the Limited Lia (A Flo	bllity Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number		and assigned
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
BELLA EVE PHOTOGRAPHY, LLC.		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET AD	DRESS)	
nter new mailing address, if applicable:		
, ,		
Mailing address MAY BE A POST OFFICE BOX)		
s. If amending the registered agent and/or re egistered agent and/or the new registered office a		長り あ
		AT A
Name of New Registered Agent:		<u> ကိုည် မြော ကြ</u>
New Registered Office Address:		The Paris
	Enter Florida street address	5: 0 5: 0
	, Florida _	Zip Code
	Cuy	zip Coue

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

or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
• • • • • • • • • • • • • • • • • • • •			
			□ Remove
			□ Change
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fective date, if other than th	e date of filing:	(op	tional)
an effective date is listed, the date more. If the date inserted in this	ust be specific and cannot be prior to block does not meet the applica	o date of filing or more than 90 days aff ble statutory filing requirements, the	ter filing.) Pursuant to 605.020 his date will not be listed as
ocument's effective date on the	Department of State's records.	,	
		an effective time, at 12:01	a.m. on the earlier o
The 90th day after the re	cord is filed.		American Committee
MAY 26	2016		~ Cn
nted	,,		
	Q.O		45 CO
	EPP W		73,2
	Signature of a member or author	rized representative of a member	
	Fixed. D #		5: 02
	Evelyn Panici	all A.A.	50 K

Page 3 of 3

Filing Fee: \$25.00