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## **COVER LETTER**

TO:		ation Sect i of Corpo			•
CHDIE		bert M. De	esign & Photography, LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
The enc	losed Art	icles of Aı	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all o	correspond	dence concerning this matter	to the following:	
			Robert Martinez		
				Name of Person	
			Robert M. Design & Photo	graphy, LLC	
				Firm/Company	<del></del> _
			9425 Fontainebleau Blvd.	#111	
				Address	<del></del>
			Miami, FL 33172		
				City/State and Zip Code	
			photographyourbusiness@g		
			E-mail address: (	to be used for future annual report noti	fication)
For furt	her inforn	nation con	cerning this matter, please ca	all:	
Robert	Martinez			305 606-4311	
		Name of P	Person	Area Code Daytim	e Telephone Number
Enclose	d is a che	ck for 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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robert M. Design & Photography, LLC

ppears on our records.) any)
n 6/22/2012 and assigned
<u>y here</u> :
the designation "L.L." of the abbreviation "L.L.C."
5 T
100 H
<i>"</i>
s on our records, enter the name of th
r Florida street address
Florido

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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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an effective date is listed, the date mu	lock does not meet the applicable stat	(optional)  filling or more than 90 days after filling.) Pursuant to 605.0207 (3 utory filling requirements, this date will not be listed as the
e record specifies a delaye The 90th day after the re	d effective date, but not an eff cord is filed.	fective time, at 12:01 a.m. on the earlier of:
Pated April 4	2019	
-	<u> </u>	
<del> </del>	Signature of a member or authorized rep	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00