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From:

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COVER LETTER

	Division of Cor			
SUBJEC		RYAN PHOTO, LLC		
Javaos		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
		····	Firm/Company	
		100 W. Broadway Suite	: 100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	
		tiffany@hunterryanphote		
For fireth	er information o	oncoming this matter, please c	to be used for future annual repo	r notification)
		oncerting this matter, please e		**** * *******************************
Imelda	Vasquez —————		at ()	500 ext 7950
	Name o	f Person	Area Code D	aylime Telephone Number
Enclosed	is a check for the	ne following amount:		
□ \$ 25.€	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is cuclosed)
		ING ADDRESS:		OURIER ADDRESS:
	Divisio	n of Corporations	Registration S Division of C	orporations
		ox 6327 ssee, FL 32314	Clifton Ruildi 2661 Executiv	ing ve Center Circle

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNTER R'	YAN PHOTO, LLC					
	(Name of the Limited	d Liability Compan A Florida Limited Li	y as it now appo- ability Company	ears on our records.)	· ·
The Articles of Organization	ı for this Limited Lial	bility Company v	were filed on _	12/21/2012		and assigned
Florida document number _	L12000159238					
This amendment is submitte	d to amend the follow	wing:				
A. If amending name, <u>ent</u>	er the new name of t	the limited liabil	ity company	here:		
The new name must be distinguis	hable and end with the we	ords "Limited Liabil	ity Company," t	he designation "LLC"	or the abbre	eviation "L.L.C."
Enter new principal office	s address, if applicat	ble:				
	GICTOR ACCEPTANCE	ADDRESS				
(Principal office address M	USI BE A SIKEE!	71007				
(Principal office address M	<u>USI BE A SIREE!</u>	TIPPI(LOB)		 		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Enter new mailing address	s, if applicable:					
Enter new mailing address	s, if applicable:					
Enter new mailing address	s, if applicable:					
Enter new mailing address (Mailing address MAY BE	s, if applicable: <i>A POST OFFICE B</i> o	<u>0X)</u>				
Enter new mailing address (Mailing address MAY BE) B. If amending the regi	s, if applicable: <u>A POST OFFICE Bo</u> stered agent and/or	<i>OX)</i> r registered off	ice address			
Enter new mailing address (Mailing address MAY BE B. If amending the regi registered agent and/or the	s, if applicable: <u>A POST OFFICE Bo</u> stered agent and/or e new registered office	<i>OX)</i> r registered off	ice address			
Enter new mailing address (Mailing address MAY BE) B. If amending the regi	s, if applicable: <u>A POST OFFICE Bo</u> stered agent and/or e new registered office	OX) r registered off ce address here	ice address		enter the	name of the
Enter new mailing address (Mailing address MAY BE B. If amending the regi registered agent and/or the	s, if applicable: A POST OFFICE Book stered agent and/or e new registered office istered Agent:	OX) r registered off ce address here	ice address	on our records,	enter the	name of the
	s, if applicable: A POST OFFICE Book stered agent and/or e new registered office istered Agent:	OX) r registered off ce address here	ice address	on our records,	enter the	name of the

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

Tei

If amending the Munagers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Cody Talmen	3131 Cottonwood Bend, Ste. 1506	⊠ Add
		Fort Meyers, FL 33905	☐ Remove
			Add
			П Rетоve
			□ Add
			☐ Remove
			Add
			🗆 Remove
			☐ Remove
			☐ Add
			☐ Remove

amending any other information, enter change(s) here: <i>(Attach additi</i>	
	
ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
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To Mark	
Signification of a member or authorized representative Tiffany Tolmen	of a member

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