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## **COVER LETTER**

SUBJECT: EPS PHOTO LLC						
Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
JONATHAN GUENS Name of Person						
Name of Person						
EPS PHOTO, LLC						
Firm/Company						
7139 NW 49th ST.						
Address						
LAUDER HILL, PL 33319						
City/State and Zip Code						
TONATHAN @ EDS-PHOTO COM  E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JONATHAN GIVENS 41954, 881-1787						
VONATHAN GWENS at (954) 881-1787  Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,						
Certificate of Status Certified Copy Certificate of Status of (additional copy is enclosed) Certified Copy (additional copy is enclosed)						

MAILING ADDRESS:

Registration Section Division of Corporations

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

EPS PHOTO, LL	_C
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L_1_300006389</u> This amendment is submitted to amend the following:	were filed on 1/14/2013 and assigned
A. If amending name, enter the new name of the limited liabi	ility company here:
NIA	
•	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	EPS PHOTO, LLC. 4500 NORTH HIATUS RD SUITE 208 SUIDRISE, FL 33351
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NIA-SAME AS ABOVE
registered agent and/or the new registered office address here	
New Registered Office Address:	Enter Florida street address
	document number
New Registered Agent's Signature, if changing Registered Agent:	••
provisions of all statutes relative to the proper and complete packets the obligations of my position as registered agent as p	performance of my duties, and I am familiar wift and revolved for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability.
	· 15

Page 1 of 3

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LEIGH-ANN GIVENS	7139 NW 49th ST. LAU	DERHILL, PL33319 OMOJ
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If amending any other information, e		•	
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Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block document's effective date on the Department of the record specifies a delayed effective date.	cific and cannot be prior to date of filing or mo es not meet the applicable statutory filing ent of State's records.	re than 90 days after filing.) Pursuant to requirements, this date will not be	listed as the
The 90th day after the record is		enc, at 12.01 a.m. on the co	
Dated 10/24/2017	2017		2817 OCT
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Signatu	re of a member or authorized representative of	of a member	_
T	natural Liver		हा है। इ.स.
	Typed or printed name of signee	<del></del>	- (7) - (7)
	Page 3 of 3	MOREEN KENNY FOO MY COMMISSION # F EXPIRES: October Bonded Trav Budget Nota	FF 030709 22, 2017

noreen Kenny-Rosenthal