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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (C | ity/State/Zip/Phone #) | | | | |
| PICK-UP | MAIL MAIL | | | | |
| (B | usiness Entity Name) | | | | |
| (D | ocument Number) | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to | o Filing Officer: | | | | |
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COVER LETTER

| Div | ision of Cor | porations | | | | |
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| SHDIECT. | | ography and Productions LLC | | | | |
| SUBJECT: | <u>,,,</u> | Name of Limited Liability Company | | | | |
| The enclosed | d Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return | all correspon | ndence concerning this matter | to the following: | | | |
| | | Matthew Porter | | | | |
| | | | Name of Person | | | |
| | | Porter Photography and Pr | oductions LLC | | | |
| | | | Firm/Company | | | |
| | | 2512 NE 41 Ave | | | | |
| | | | Address | | | |
| | | Homestead, FL 33033 | | | | |
| | | **** | City/State and Zip Code | | | |
| | | mattandjessporter@gmail.co | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further i | nformation co | oncerning this matter, please ca | all: | | | |
| Matthew Po | orter | | 305 613-6288 | | | |
| | Name of | f Person | | Telephone Number | | |
| Enclosed is | a check for th | ne following amount: | | | | |
| □ \$25.00 F | 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) | | |
| | MATTI | INC ADDRESS. | CTDEET/COUDIE | ED ANNDESS. | | |

MAILING ADDRESS:

TO:

Registration Section

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

| ronci rholography and rioductions LL | |
|---|--|
| (Name of the Limited L (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) |
| The Articles of Organization for this Limited Liabil Florida document number | |
| This amendment is submitted to amend the following | ng: |
| A. If amending name, enter the new name of the | e limited liability company here: |
| We Are The Porters Photography LLC | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | <u> </u> |
| (Principal office address MUST BE A STREET A | DDRESS) |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| • | # 5 6 |
| New Registered Office Address: | Enter Florida street address |
| <u>-</u> | City Florida Zip Code . |
| New Registered Agent's Signature, if changing Regi | |
| provisions of all statutes relative to the proper a accept the obligations of my position as register | gent and agree to act in this capacity. I further agree to comply with the ind complete performance of my duties, and I am familiar with and ed agent as provided for in Chapter 605, F.S. Or, if this document is stered office address, I hereby confirm that the limited liabilityinge. |

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the (If an effective date is listed, the date means Note: If the date inserted in this document's effective date on the | ist be specific and cannot be prior to clock does not meet the applica | o date of filing or more than 90 days a | ptional) after filing.) Pursuant to 605.0207 (3) this date will not be listed as the |
| the record specifies a delaye) The 90th day after the re | ed effective date, but not | an effective time, at 12:0 | 1 a.m. on the earlier of: |
| Anithon T | 2016 | | |
| Dated April 28. Jine 3 | ,A | <u></u> • | SS 5 |
| | Will A | | |
| | Signature of a member or author | rized representative of a member | |
| Matthew Porter | -M | | |
| | / Typed or printed | I name of signee | |

Page 3 of 3

Filing Fee: \$25.00