

213000158051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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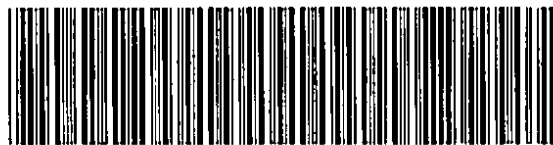
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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BRUCE  
AUG 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PELUSA PHOTOGRAPHY STUDIO, 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:

YORKA GEIDY BARRAMEDA

Name of Person

PELUSA PHOTOGRAPHY STUDIO, LLC

Firm/Company

7220 WESTCOTT DR

Address

PORT RICHEY, FLORIDA 34668

City/State and Zip Code

yphstudio@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOELIO GARCIA

at ( 813 ) 863-8305

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

PELUSA PHOTOGRAPHY STUDIO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/08/2013 and assigned  
Florida document number L13000158051.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:

5915 MEMORIAL HWY, SUITE # 109

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA FLORIDA, 33615

Enter new mailing address, if applicable:

7220 WESTCOTT DR

**(Mailing address MAY BE A POST OFFICE BOX)**

PORT RICHEY, FLORIDA 34668

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

NOELIO GARCIA

New Registered Office Address:

11251 ELGIN BLVD

*Enter Florida street address*

SPRING HILL

*City*

Florida 34608

*Zip Code*

**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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	YORKA GEIDY BARRAMEDA	7220 WESTCOTT DR	<input checked="" type="checkbox"/> Add
		PORT RICHEY, FLORIDA 34668	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WILMAR BARRAMEDA	7220 WESTCOTT DR	<input type="checkbox"/> Add
		PORT RICHEY, FLORIDA 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

THE MANAGER BEING REMOVED FROM THE LLC MANAGEMENT BODY IS

WILMAR BARRAMEDA. HIS PREVIOUS ADDRESS, AS IT CURRENTLY APPEARS ON THE FLORIDA

DIVISION OF CORPORATIONS, IS 2712 W ROBSON ST TAMPA, FL 33614. HOWEVER, HIS PRESENT

ADDRESS IS 7220 WESTCOTT DR, PORT RICHEY FL 34668.

THE NEW MANAGER ALSO WANTS THE BUSINESS EIN (47-2168823) ADDED TO THE COMPANY

INFORMATION ON RECORD.

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

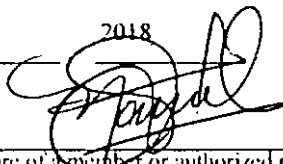
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 3RD

2018  


Signature of a member or authorized representative of a member

NOELIO GARCIA

Typed or printed name of signee