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COVER LETTER

TO:	Registration Sec Division of Corp			
CHD HEA		RODRIGUES LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		MARIA DANIELA DIAS	Name of Limited Liability Company and fee(s) are submitted for filing. terming this matter to the following: DANIELA DIAS RODRIGUES Name of Person A RODRIGUES LLC Firm/Company V 109TH AVE Address Address FL. 33178 City/State and Zip Code GOZOOMING.PHOTOGRAPHY F-mail address: (to be used for future annual report notification) is matter, please call: UES at (
			Name of Person	
		DANIELA RODRIGUES	LLC	
			Firm/Company	
		6957 NW 109TH AVE		for filing. following: RIGUES Name of Person Firm/Company Address /State and Zip Code RAPHY sed for future annual report notification) at (
			Address	
		DORAL, FL, 33178		
			City/State and Zip Code	
		E-mail address: (DRIGUES LLC Name of Limited Liability Company endment and fee(s) are submitted for filing. ence concerning this matter to the following: MARIA DANIELA DIAS RODRIGUES Name of Person DANIELA RODRIGUES LLC Firm/Company 6957 NW 109TH AVE Address DORAL, FL, 33178 City/State and Zip Code NFO@GOZOOMING.PHOTOGRAPHY E-mail address: (to be used for future annual report notificerning this matter, please call: CODRIGUES at (ication)
For furth	er information co	oncerning this matter, please c	all:	
MARIA	DANIELA DIA	S RODRIGUES	at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$25.	00 Filing Fee		. Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

. .

DANIELA RODRIGUES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.13000170203}{1.13000170203}$	were filed on <u>03/26/2014</u>	and assigned
This amendment is submitted to amend the following:		200
A. If amending name, enter the new name of the limited liab	ility company here:	₹,+
GO ZOOMING PHOTO STUDIO LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7056 NW 116TH CT	
(Principal office address MUST BE A STREET ADDRESS)	pal office address MUST BE A STREET ADDRESS) DORAL, FL., 33178	
Enter new mailing address, if applicable:	7056 NW 116TH CT	
(Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL, 33178	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· •	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Florio	
	City	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 **Type of Action Title** <u>Name</u> **Address** □ Add _□ Remove ☐ Change _ Add ☐ Remove _□ Change □ Add $\frac{1}{2}$ □-Remove 20 _□\Change 7 ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove

_ Change

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E. Effective date, if otl	her than the date of fi	ling:		(optional)	
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	date on the Department of				
f the record specifie b) The 90th day af			an effective time,	at 12:01 a.m. on	the earlier o
b) the sources ar	iter the record is me				
Dated APRIL 10	Λ	2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00