

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180001710183)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this. page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COHEN & GRIGSBY, P.C. Account Number : I20030000042 Phone : (239)390-1912 Fax Number : (239)390-1901

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

00

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAPTURE YOUR HEART PHOTOGRAPHY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H18000171018 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capture Your Heart Photography LLC	
(Name of the Limited Liability	Commany so it now empers on our records.) Imited Liability Company)
The Articles of Organization for this Limited Liability Con	mpany were filed on December 17, 2013 and assigned
Florida document number L13000173568	. · · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	,
A. If amending name, enter the new name of the limits	ed Bahility company here:
	to Hammer Company field.
Jordyn Dempsey Photography LLC  The new name must be distinguishable and contain the words "Limite	ed Liability Cormany," the designation "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	granter and the second
to 18 amounting the registered orant and/or realists	ered office address on our records, enter the name of the ner
registered agent and/or the new registered office addre	uss hore:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cito Zip Code
New Beristered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent a	and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and con	implete performance of my duties, and I am familiar with and
accept the obligations of my position as registered age	ent as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability
company has been notified in writing of this change.	g office data ess, I hereby confirm that the annica tables
and the second s	
	If Changing Registered Agent, Signature of New Registered Agent
	If Changing Registered Agent, Signature of New Registered Agent Page 1 of 3

(((H18000171018 3)))

PGH-FAX-01.3.4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addre or removed from our records:

MCR = Ma	anager uthorized Member		
Title	Name	<u>Address</u>	Type of Action
			□ Add
			☐ Change
			C) Add
			□ Remove
			CI Change
			D Add
			C) Remove
	·		Change  Change  Change
			Change
			CI Change
			[] Add
			O Remove
			: C Change

Page 2 of 3

(((H18000171018 3)))

(((H18000171018 3)))

		_خند.
		3
	······································	
+		
		. o
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	······································	
·		
	· · · · · · · · · · · · · · · · · · ·	
		<b>B</b> .*
:		
		·
	·	
	# Cities	(optional)
effective date is listed, the date must be spec	rific and carnot be prior to dute of film	ng or more than 90 days after filling.) Pursuant to 605
if the date inserted in this block doe ument's effective date on the Departme	is not meet the applicable statutor; int of State's records.	y filing requirements, this date will not be list
ecord specifies a delayed effec	tive date, but not an effect	tive time, at 12:01 a.m. on the earli
ne 90th day after the record is	filed.	
A contract of the contract of	2018	
1		
o dire 5		
	0	
	The Marie Service of the service of a member of a member of an interest of the service of the se	soletive of a member
	Dem Dse y Typed or printed name of sig	mistive of a member

Filing Fee: \$25.00