## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Division of Corporations		D-47
	Fax Number : (850)617-638	3	
From:			
	Account Name : LEGALZOOM.CO.	M INC.	
	Account Number : 120010000052		सर्वे <b>६</b> ६
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHANDLER SMITH PHOTOGRAPHY LLC

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## **COVER LETTER**

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OHD IP CO		ER SMITH PHOTOGRAPI	HY LLC			
SUBJECT	·:	Name of Lim	ited Liability Company	· · · · · · · · ·		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	ndence concerning this matter	to the following:			
		Cheyenne Moseley			( 'Bro . )	22
			Name of Person			FS
		Legalzoom.com, Inc.			7 24	2814 SEP 15
			Firm/Company	,	6 1 2 6/3 22 213 22	5
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		Glendale, CA 91210			15.00 m	<u>-</u>
			City/State and Zip Code	<del>-</del>		
		towanderandseek@gmai				
			to be used for future annual report noti	tication)		
For furthe	r information e	oncerning this matter, please o	all:			
Imelda V	asquez/		323 962-8600 e			
<u> </u>	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed i	is a check for th	ne following amount:				
\$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificat Certified ( (additional c	c of Stati Copy	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the Articles of Organization for this Limited Liability Company lorida document number 1.14000022356	were filed on 02/10/2014	and assigned		
his arroundment is submitted to sure and the fall-and-				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	dlity company here:			
o Wander & Seek LLC				
he new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L,L.C."		
nter new principal offices address, if applicable:	13486 Pavilion Court	200		
Principal office address MUST BE A STREET ADDRESS)	Jacksonville FL 32258			
		55 <del>o</del> "		
nter new mailing address, if applicable:	13486 Pavilion Court			
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville FL 32258			
		• • • • • • • • • • • • • • • • • • • •		
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		, enter the name of the		
agent and of the new registered office and ess her	<u>.</u> .			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<u> </u>		
	, Florida			
	City	Zip Code		
ew Registered Agent's Signature, if changing Registered Agent:				
hereby accept the appointment as registered agent and agr		ther agree to comply with		
rovisions of all statutes relative to the proper and complete ecept the obligations of my position as registered agent as p				

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

	Name	Address	Type of Action
AMBR	CHANDLER A SMITH	14701 BARTRAM PARK BLVD. #405	□ Add
		JACKSONVII.I.B, FL 32258	☑ Remove
AMBR	Chandler A Williams	13486 Pavilion Court	<b>i</b> 2∕ Add
		Jacksonville FL 32258	Remove SEP 15 16 16 16 16 16 16 16 16 16 16 16 16 16
	·		_□ Add _□ Remove
			_□ Add _□ Remove
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E. Effective date, if other than the date of filing:  (Interfective date, if other than the date of filing:  (Interfective date must be specific, case of the prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  OP / 11 / 2019  Signature of a without date of a member  Chandler A Williams  Typed or printed name of signes  Page 3 of 3  Filling Fee: \$25,00	9/11/2014	10:23	9042621211	THE UPS STORE #	5123	P'AUL	U
(The effective date must be specific, example to date of receipt or filed date and example he more than 90 days after the date this document is filed by the Florida Dispartment of State)  Dated  Signature of a without of authorized representative of a wemper  Chandler A Williams  Typed or printed name of signes  Page 3 of 3	D. If ame	nding any	other information, enter cha	nge(s) here: (Attach oddittonal sh	eets, if nocessary.)		
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