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COVER LETTER

Doseph Ricco Photography LLC Name of Limited Liability Company		Registration Se Division of Cor			
Name of Limbility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Ricco	SHIDIEC		co Photography LLC	•	
Please return all correspondence concerning this matter to the following: Joseph Ricco	SUBJEC	· 13	Name of Lim	ited Liability Company	
Please return all correspondence concerning this matter to the following: Joseph Ricco					
Joseph Ricco Name of Person	The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Same of Person	Please ret	urn all correspo	ndence concerning this matter	to the following:	
Joseph Ricco Photography LLC Firm/Company 6474 Miami Lakes Drive East Address Miami Lakes FL. 33014 City/State and Zip Code jricco-r@retiree.mde.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Ricco Name of Person Name of Person Name of Person Tendesed is a check for the following amount: Section of Status Certificate of Status Certified Copy [additional copy is enclosed) Mailting Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			Joseph Ricco		
Firm/Company 6474 Miami Lakes Drive East Address Miami Lakes FL. 33014 City/State and Zip Code jricco-r@retiree.mdc.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Name of Person Tenclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee				Name of Person	
Address Miami Lakes FL. 33014 City/State and Zip Code priceo-r@retiree.mde.edu E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: foseph Ricco Name of Person Name of Pe			Joseph Ricco Photography	LLC	
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Name of Person Name of Person	For further	er information c		·	tification)
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy □ Certificate of Status & Certified Copy □ (additional copy is enclosed) Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee					
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P.O. Box 6327 The Centre of Tallahassee	1	=			
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Tallahassas El 22202		Fallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joseph Ricco Photography LLC			
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	ords.)
he Articles of Organization for this Limited I	iability Company	were filed on March 10 201	and assigned
lorida document number 1.14000039897	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	oility company here:	
liver Shadow Transfers LLC			
he new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	n/a	
Principal office address MUST BE A STREA	ET ADDRESS)		020
			级 20
nter new mailing address, if applicable:		n/a	
Mailing address MAY BE A POST OFFICE	BOX)		5. 7
			<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
-		Enter Florida street ad	dress
	n/a		Florida ^{n/a}
		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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	n/a 		□ Add
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March 30 20	(02()
effective date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the application.	able statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective till filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
March 30, 2020 12:01	
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Signature of a member or author	orized representative of a member
	·

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