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(Re	equestor's Name)		
(Address)			
(Ad	idress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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C. GOLDEN MAY 1 3 2019

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YOU PIC IY Name of Limited Liab	Mages, LLC ility Company
The enclosed Articles of Amendment and fee(s) are submitted f	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
Juladie	1bane of Person
Juladie Im	nez Photography
_14830 Mig	MILAKEWAY J.
- he110@Julad	SFL 33014 Jate and Zip Code JC109NC2 Com
E-mail address: (to be used For further information concerning this matter, please call:	for future annual report notification)
JUIAGIC IDANCZ Name of Person	Area Code Daytime Telephone Number
Certificate of Status	5.00 Filing Fee & Source Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2019

JULADIE IBANEZ 14830 MIAMI LAKEWAY S MIAMI LAKES, FL 33014

SUBJECT: YOU PIC IMAGES, LLC Ref. Number: L14000047393

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 819A00007454



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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You Pic Imac	ITS LLC
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 440004739.3	any were filed on MQ+ M 21, 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited !	iability company here:
Juladie Flagnez Photo	graphy, LLC.
The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable:	14830 Miami Lakeway Jouth
(Principal office address MUST BE A STREET ADDRESS)	33014
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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 h	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>
I hereby accept the appointment as registered agent and a	gree 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

Page 1 of 3

If amending Authorized Person(s) authorized to mana or removed from our records: MGR = Manager AMBR = Authorized Member		d to manage, <u>enter the title, name, an</u>	ge, enter the title, name, and address of each person—being added	
<u>Title</u>	Name	Address	Type of Action	
		_	□ Add	
			☐ Remove	
			Change	
	-			
			□ Remove	
	-	_	□ Add	
			□ Remove	
		_		
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· 		_	Add	
			☐ Remove	
		<u> </u>	☐ Change	
		_		
			□ Remove	
			Change	

). If amending any other information, enter change(s	here: (Attach additional sheets, if necessary.)
cmail contact hell	b@Juladie Ibanez cum
	
. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot b	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, bub) The 90th day after the record is filed.	ut not an effective time, at 12:01 a.m. on the earlier of:
Dated FOOTUARY 25 20	ub
Dated 100101011 4 2) 20	
Signature of a member o	r authorized representative of a member
uíadie Iba	ahez
Typed o	r printed name of signee

Page 3 of 3

Filing Fee: \$25.00