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COVER LETTER

TO:

Registration Section Division of Corporations

BEAUCHAMP PHOTOGRAPHY, LLC

SUBJECT

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	CARLOS BE		
		Name of Person	
		Firm/Company	··
	8721 NW 48	TH COURT	
		Address	
	FT LAUDER	DALE, FL 3335	1
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
CARLOS E	BEAUCHAMP	₃ ,954,822-7	553
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

BEAUCHAMP PHOTOGRAPHY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Florida Ellinica Elabrity Company)	
The Articles of Organization for this Limited L	iability Company were filed on 05/21/2014	and assigned
Florida document number <u>L14000082082</u>		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and end with the	words "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter non-modification of the Political		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	POV)	
Induing address MAT BE A FOST OFFICE	<u></u>	
		-
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>ente</u> fice address here:	er the name of the new
	·····	्रेडे. १९९६
Name of New Registered Agent:	CARLOS BEAUCHAMP	
New Registered Office Address:	8721 NW 48TH COURT	
	Enter Florida street address	
	FT LAUDERDALE , Florida	3335.1 = 44
New Registered Agent's Signature, if changing F	City tegistered Agent:	Zip Code
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further a er and complete performance of my duties, and I an stered agent as provided for in Chapter 605, F.S. C registered office address, I hereby confirm that the change.	n familiar with and Or, if this document is limited liability

Page 1 of 3

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 **Title Name Address Type of Action** 8721 NW 48TH COURT GO Add **AMBR** D'MITRI C BEAUCHAMP FT LAUDERDALE, FL 33351 Remove 8721 NW 48TH COURT Add SARAH BEAUCHAMP **AMBR** FT LAUDERDALE, FL 33351 ☐ Remove □ Add ☐ Remove

. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
Effective (The effecti	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date th	his document is filed by the Florida Department of State)
Dated	721/4
	(165/
	Signature of a member or authorized representative of a member
	CARLOS BEAUCHAMP
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00