L140000 92709

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ARTICL IMCIA	re Pros		
	Emited Liability Company	_	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
Justin	Name of Person	_	
Aerial	Tmage Pros	_	
7949 Sh	acldock Dr Address	20	
Boynton	Beach FL 33436 City/State and Zip Code	01 KRI 10	T d
Sciles @ C E-mail address	ss: (to be used for future annual report notification)	M _P	
For further information concerning this matter, pleas	se call:	2: 15	
JUSH'N ROSE Name of Person	at (SU) 135 2030 Area Code Daytime Telephone Num		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\times \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifi	Filing Fee icate of Stated Copy and copy is e	atus &
Mailing Address: Registration Section	Street Address: Registration Section		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Henal Inoge Plos (Name of the Limited Liability Compa	ny as it now appears on our records.) Liability Company)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 6412014 and assigned	ed
Florida document number <u>L14 0000 92709</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Photography Sells, LLC		
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	7949 Shaddock Dr	
Principal office address MUST BE A STREET ADDRESS	Boynton Beach FL 33436	
Enter new mailing address, if applicable:	company	
Mailing address MAY BE A POST OFFICE BOX)	9	
Miguing address MAT BE A POST OFFICE BOX		
D. 16		_:_4
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new re	gistere
Communication of the new registered office and the second of the second		
N 6N 6 14 14		
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 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Adriana Diaz	7949 Shaddock Dr	&Add
		7949 Shaddock Dr Boynton Beach Fl 33	S436 □Remove
			☐ Change
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			Change Change
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fective date, if other than the n effective date is listed, the date must be the lift the date inserted in this blocument's effective date on the Defective date.	t be specific and ock does not m	cannot be prior to eet the applicab			ing.) Pursuai	
ecord specifies a delayed effectiv is filed.	e date, but not a	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th o	lay after the
ted May 13	·	2021				
(///)	Signature of a m	The number of authoric	ed representative of	a member		
	DIBRIGHT OF A II	ichioci di autholia	ea représentative of	a memoer		