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

TO: Registration Se Division of Cor			
SUBJECT: Pho	tography?	selb. (cc	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Justin Ro	Name of Person	
	Photograp	hy Sells Firm/Company	
	7949 Shad	Address	
	Boynton B	Seach FL 3340% City/State and Zip Code	
	Sales @ Pho E-mail address: (1	tography sells. C	.0M : 😝
For further information co	oncerning this matter, please ca	all:	\(\begin{align*} \begin{align*} \beg
Justin Ro	TSC	at (SG1) 735 703	2 17
Name o	f Person	Area Code Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:		<u> </u>
₹\$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 Addres Registration S		Street Address: Registration Section	
Division of C	orporations	Division of Corporate	tions
P.O. Box 632		The Centre of Tallah	nassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Photography Sells	116	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400097709</u>	were filed on <u>614 2014</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		.=
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office a		202
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
New Registered Office Address:		<u> </u>
	Enter Florida street address	24
		<u></u>
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CI

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>	<u>Address</u>	Type of Action
Mgr	Adriana Diaz	7949 Shaddack Dr	□ Add
		Boynton Beach FL:	SYS ARemove
			Change
			🗀 Add
			□Remove
			□Change
			□ Add
			□ Remove
			☐ □Change
			EbA□ ←
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			□ Remove
			□ Change

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Pated June 29 . 2021.	90th day after the
(1/11-/11-	
Signature of a member or authorized representative of a member	