L14000 114396

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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT: PA	SSPORT PHOROS Name of Lim	BY LODHILA LI	- C
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Re	ina Murray	
		Consulting Inc.	
		V. Bayshere Dr	
		FL 33132 City/State and Zip Code	
	rcina @ rtmco E-mail address: (nsoltinginc . com to be used for fature annual report notifi	cation)
For further information of	concerning this matter, please ca	•	
Reina M	Ovray of Person	at (30%) 467-4 Area Code Daytime	144 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

PASSPORT PHOTOS (Name of the Limited Liability Compa (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000114396</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ability company here:	
	No cha	nge
The new name must be distinguishable and contain the words "Limited Liabi	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."	- 0
Enter new principal offices address, if applicable:	No change	_
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		- -
Name of New Registered Agent:	no change	_
		_
New Registered Office Address:	Enter Florida street address	-
	, Florida	
	City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent	nt:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	te performance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 e	ach person	being added
or removed from our records:						

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> Type of Action **Address** Israel Gonzalez 1717 N. Bayshore Dr. # 201 0(Add) Miami, FL 33132 _□ Remove □ Change _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □-Change □ ∧dd □ Remove ₽ÞAdd 일 □ Remove

☐ Change

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Signature of a member of aumorized representative of a member		
Ludmila Gonzalez 57 N	May 28, 2016 Ludrula Gonzaler . Signature of a member or Authorized representative of a member	

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Filing Fee: \$25.00