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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	ı #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION OF

JGordon White Photography LLC			
(Name of the Limited)	Liability Compa Florida Limited	nny as it now appears on our rec Liability Company)	cords.)
he Articles of Organization for this Limited Liab	ility Company	were filed on March 13th 20	2015 and assigned
his amendment is submitted to amend the following	ing:		
. If amending name, enter the new name of th	e limited liab	ility company here:	
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		201 Navigation Circle	
		Osprey, Fl. 34229	
	•		
nter new mailing address, if applicable:		201 Navigation Circle	
Mailing address MAY BE A POST OFFICE BOX)		Osprey, Fl. 34229	
. If amending the registered agent and/or egistered agent and/or the new registered office Name of New Registered Agent:			ords, enter the name of the
N. P. 105 111	201 Navigation	Circle	
New Registered Office Address:	207 1.0016001011	Enter Florida street add	dress
•	Osprey		Florida ³⁴²²⁹
-		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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Stephanie Cruz	7569 Merolla Rd	Add
		North Port FI 34291	■ Remove
			Add
			□ Remove
			☐ Change
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ffective date, if other than the date of filing: March 13th, 2016	f amending any other inform	ation, enter chang	e(s) here: (Attac	i additional sheets,	if necessary.)		
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 dote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. The 90th day after the record is filled. March 12th 2016 March 12th 2016				· · · · · · · · · · · · · · · · · · ·			
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	March 12th	20	116				
Signature of a member or authorized representative of a member	1.10	///	 -				
	July 1	Signature of a memb	per or authorized repr	esentative of a member	<u></u>	·	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00