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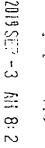
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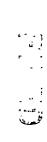


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COVER LETTER

TO: Registration Section Division of Corpor	•	
SUBJECT: KnSt	ina Houser Photography UC Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Kristina Houser Name of Person	
	Kristina Houser Photography	
	1593 Main St	
	Address	
	Dunedin FL 34698	
-	Direction FL 34698 City/State and Zip Code Kristina @ Visual Muse Studio o cor E-mail address: (to be used for future annual report notification)	<u>~</u>
For further information conc	erning this matter, please call:	
Knistina Name of Per	Houser at (727) 743,2304 Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount:	
S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

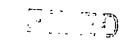
MAILING ADDRESS:

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



Kristina (Name of the Limited Liabili (A Florid	Houser	Photo gra	Phy3 (1208:21
(<u>Name of the Limited Liabili</u> (A Florid	i <mark>ty Company as it now apj</mark> a Limited Liability Compar	pears on our records.	10
The Articles of Organization for this Limited Liability C Florida document number <u>レ15000489</u>	Company were filed on	03/18/20	15 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Visual Muse, L The new name must be distinguishable and contain the words "Lin"	_		hhreviation "L. L. C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	159	3 Main St redin Fr 3	331 34698
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- (1)		- ft
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	lress here:		
Name of New Registered Agent:	Kristina	Houser	(same)
New Registered Office Address:	Enter	Floridu street address	
	City	, Florida _	Ziv Code
	Cui		zyr Com

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>	Name	Address	Type of Action	
				
			Remove	
			Change	
			□ Remove	
			Change	
			□ Add	
			☐ Remove	
			Change	
			Remove	
			Change	
			□ Remove	
			Change	
				
			Remove	
			□ Change	

i ii ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Kristina Houser Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00