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FILLO SECRETARY OF STATE OIVISION OF CORPORATIONS

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COVER LETTER

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Div	ision of Corp	porations	•	,
SUBJECT:	Light & Art	Photography, LLC.		-
		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspor	ndence concerning this matter t	o the following:	
		Gabriel Medina		
			Name of Person	
		Light & Art Photography, I	1.C.	
			Firm/Company	
		3349 N. University Drive, S	Suite 6	
			Address	
		Hollywood, FL 33024		
			City/State and Zip Code	
		photographics@gmphotous.c		
			o be used for future annual report notification	atton)
For further in	nformation co	oncerning this matter, please ca	dl:	
Gabriel Med	lina		305 725-7511 at ()	
	Name of	Person	Area Code Daytime T	l'elephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	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

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Light & Art Photography, LLC.		
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 03/23/2015	and assigned
Florida document number 1.15000051405	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Gabriel Medina Photography, LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the al	obreviation "L.L,C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DPECC)	-
THE PART OF THE PA	7110507	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	- · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or reg	gistered office address on our records, enter	the name of The
registered agent and/or the new registered office ad	Idress here:	
		AN SER
Name of New Registered Agent:		- C
Manie of New Registered Agent.	•	
New Registered Office Address:		P
	Enter Florida street address	2:1
·	. Florida	97
		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
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Effective date, if other than the date of If an effective date is listed, the date must be spec Note: If the date inserted in this block does document's effective date on the Departme	filing: (option ific and cannot be prior to date of filing or more than 90 days after sonot meet the applicable statutory filing requirements, this not of State's records.	onal) filing.) Pursuant to 605.0207 date will not be listed as t
he record specifies a delayed effect The 90th day after the record is	tive date, but not an effective time, at 12:01 a filed.	.m. on the earlier of
	2018	SE DIVIS
Dated		JAN
	Specting 9	JAN 19
	re of a member or authorized representative of member	JAN 19 PH

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Filing Fee: \$25.00