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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor		·			
SUBJECT: ELUI	MA PHOTO F	BOOTHS			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LAUREN-RP	IE CHISMAR			
	MINECIO RP	Name of Person			
	ELUMA PH				
		Firm/Company			
	10634 LEAF	EY WAY Address			
		Address			
	ORLANDO,	FLORIDA 308 City/State and Zip Code	391		
	BOOK@FRES	SCOPHOTOBOOT to be used for future annual report	HS. COM		
For further information of	oncerning this matter, please c	·	,,,	14/7 30 L	7
		ш.		1 2	1
LAUREN-RI	AE CHISMAR	at (409) 459	3-4542		
Name o	f Person	Area Code Dag	ytime Telephone Number	MIT OCT ZU PIZHO	C
Enclosed is a check for the	ne following amount:			E 6	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Certificate o		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELUMA PHOT	TO BOOTHS	
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number <u>L 1500066</u>		and assigned
This amendment is submitted to amend the following	រតិ:	
A. If amending name, enter the new name of the FRESCO DHOTO BOO The new name must be distinguishable and contain the words	THS, LLC	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON		
(Mauring dauress SIAT BE A FOST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our readdress here:	cords, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street	2 0
_		Florida
	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

or removed from our records: · · MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action _□ Add ☐ Remove ☐ Change _□ Add □ Remove _□ Change □ Add _□ Remove ☐ Change □ Add □ Remove ☐ Change LORIDA $\tilde{\varsigma}$ Change _□ Add _□ Remove _□ Change

, If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00