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Mot changing arighing in section C per Ms. Montes. 5/3/23 Vill

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COVER LETTER

Division of Corp	orations			
SURJE <i>C</i> T:	Montes Name of Limi	Digital	Consul:	ting, LL
	Name of Limi	ted Liability Company		
The angloced Articles of A	mendment and fee(s) are subr	nitted for filing		
		_		
riease return an correspon	dence concerning this matter t	o the following.		
	<u>Carolir</u>	Name of Person	intes_	
	montes			
	10282 Car	roline po	un dri	iul_
	Orlando	, FL 35 City/State and Zip Code	2832	
	Photos @ E-mail address: (t	O be used for future annua	on tes. I report notification)	<u>w</u> m
For further information co	ncerning this matter, please ca			
Carolina Name of	Montes	at (<u>U)</u>) Area Code	UDQ - 3 Daytime Telepho	19! ne Number
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street A</u> Registi	Address: ration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street. Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 12/22/2015 and assigned
Florida document number <u>L 150 0 0 211 821</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: CARO MONT PHOTOGRAPHY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 10282 CUroling Runk drive On and FL 3283
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
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 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
M-G-R	Carolina Montes	10282 Caroline paned	same F_□Add person
		orlando, Ft, 32832	□Remove
			□Change
			🗆 Add
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lf an eifecti <u>Note:</u> If i	date, if other than the date of filing:
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1/30/23
	Signature of a member or authorized representative of a member
	Carolina Montes Typed or printed name of signee

Filing Fee: \$25.00