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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Cor | rporations | | |
|----------------------------|--|---|--|
| Paul & Sh | ana Photography, LLC | | |
| SUBJECT: | | | |
| | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following; | |
| | Paul Henry | | |
| | | Name of Person | |
| | Paul & Shana Photograph | ny, LLC | |
| | | Firm/Company | |
| | 1728 NE 27th Drive | | |
| | | Address | |
| | Wilton Manor, FL 33334 | | |
| | info@paulandshana.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please c | all: | |
| Paul Henry | | 305 610-2045 | |
| | | at () | : Telephone Number |
| Name o | f Person | Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 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:

TO:

Registration Section

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

Street Address:

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

Paul & Shana Photography, LLC

company has been notified in writing of this change.

| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appears on our records Liability Company) | | | | |
|--|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | and assigned | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | |
| Henry Legacy Group, LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" | or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | 20 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| | | - | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 31 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter t</u> | he name of the new registered | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | , Florida | | | | |
| New Registered Agent's Signature, if changing Registered Agent: | City | Zip Code | | | |
| | | | | | |
| I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office | performance of my duties, and provided for in Chapter 605, F | I I am familiar with and S. Or, if this document is | | | |

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 |
|--------------|-------------|---------|-----------------------|
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| ective date, if other than the date of filing: | | | (optional) | | |
| effective date is listed, the date must be specific and cannot be prior e: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records. | able statutory fi | r more than 90 day | s after filing.) P | arsuunt te 11 not be | o 605,020 e listed a |
| cord specifies a delayed effective date, but not an effective ti | ime, at 12:01 a.r | n, on the earlier | of: (b) The S | Oth day | after the |
| s filed. | | | | | |
| February 10 2020 ed | | | | | |
| T-PA | | | | | |
| | | ive of a member | - | | _ |