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SECRETARY OF STATE
AHASSEE: FLORIDA

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COVER LETTER

TO: Registration Division of C	Section Corporations					
NOUV	EAU RICHE, LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	Cheyenne Moseley					
		Name of Person				
	Legalzoom.com, Inc.					
		Firm/Company				
100 W. Broadway Suite 100						
	Address					
	Giendale, CA 91210					
		City/State and Zip Code				
	christopher.james706@gmail.com					
	E-mail address: (to be used for future annual report notif	fication)			
For further informatio	n concerning this matter, please c	all:				
Imelda Vasquez		323 962-8600 es				
Nam	e of Person	Area Code Daytime	e Telephone Number			
Enclosed is a check fo	r the 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:

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

NOUVEAU RICHE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2016}{1}$ and assigned Florida document number L16000009989 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Nouveau Image Photography, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 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 l \overline{m} lted liability: company has been notified in writing of this change.

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If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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amending aı	y other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
···		
he effective date	if other than the date of filing: (options to be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days ment is filed by the Florida Department of State)	ional) after
ated	leb. 15, 2014.	
	Christopher Williams	
	Signature of a member or authorized representative of a member	
	Christopher Williams	

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Filing Fee: \$25.00

2016 FEB 18 A ID: 2b