## L160000043926

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## COVER LETTER

TO:

TO: Registration S Division of Co				
subject: <u>C</u> y	istina Danielle Pl Name of Lin	notocraphy LLC inted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Cristina D. O'C annor Name of Person			
	Cristina	Danielle Photogra	phy.LLC	
		niber Pond Orive Address		
	Brando	On , FL 33510 City/State and Zip Code	<u>,                                      </u>	
For further information	Cristing E-mail address: ( concerning this matter, please c	La risting danie le ion (10 to be used for future annual report not all:	(fication)	
<u>Cristina</u> D.	•		s = 8853 ne Telephone Number	
	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	C \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sc		
Division of Corporations		Division of Corporations		
P.O. Box 63		The Centre of 7		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 HAY 18 PH 5: 19 Cristica Damelle Photography i LC (Name of the Limited Liability Company as it now appeared our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 2, 2016 and assigned Florida document number <u>L16000043926</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cristina Danielle Creative LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 623 Timber Pond Drive New Registered Office Address: Brandon Florida 33510
Ziv 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:

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<u>Title</u>	<u>Name</u>	Address 2020 HAT 18 PH 5: 19	Type of Action
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If an effective date is liste Note: If the date inser	ner than the date of filing od, the date must be specific and rted in this block does not not date on the Department of S	cannot be prior to date of fili neet the applicable statuto	(optioning or more than 90 days after stry filing requirements, this	nal) filing.) Pursuant to 605.0207 (3); date will not be listed as the
d is filed.	layed effective date, but not			
Dated Mr.	U 15 <sup>th</sup> Cristian Signature of a n	2020		
	Cistin Signature of a r	o D. O'Corno number or authorized represe	entative of a member	
			gnee	

Filing Fee: \$25.00