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COVER LETTER

TO:	Reg Divi	istration Sec sion of Corp	tion orations			
CHD ID	aar.	Arty Photow	orks, LLC		•	
SUBJEC	υ 1 :		Name of Limi	ited Liability Company	•	
The encl	losed	Articles of A	amendment and fee(s) are subr	mitted for filing.		
Please re	eturn	all correspon	dence concerning this matter t	to the following:		
			Arturo Arocha			
For furth Arturo A				Name of Person	_	
			Arty Photoworks, LLC			
			** ***********************************	Firm/Company	·	
			9819 SW 147th Pl			
				Address		
			Miami, FL 33196			
		City/State and Zip Code				
			artyphotoworks@gamil.com	to be used for future annual report notification)	_	
For furth	ner in	formation co	ncerning this matter, please ca			
Arturo A	Aroch	na		786 512-0599		
		Name of	Person	Area Code Daytime Telephone Numl	per	
Enclosed	d is a	check for the	e following amount:			
□ \$25.	. 00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, cate of Status & ed Copy nal 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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Arty Photo Studio, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation " 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	
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registered agent and/or the new registered office address here:	of the
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>!</i>

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

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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			□ Change
			□ Add
			Remove
			Change
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			ORD Change
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			☐ Remove

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Typed or printed name of signee

Filing Fee: \$25.00