L160000090313

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SECRETARY OF SAME

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COVER LETTER

TO:	Registration Sea, Division of Cor	ction 14 Notes		1		
SUBJEC	Ziss Photog	raphy!LECY!				
COLUE	Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter t	o the following:			
		Orit Ben-Ezzer				
	•		Name of Person			
		Ziss Photography LLC	•			
			Firm/Company			
		615 NE 10th Ave				
			Address			
' 't.'	e garage	Sarrifort Lauderdale, FL 33304				
(· Mandan	ஙில் சாச வzissphoto@gmail.com	City/State and Zip Code			
• •		E-mail address: (t	to be used for future annual report notifica	tion)		
For furti	her information c	oncerning this matter, please ca	all:	70 20 E		
Orit Ber			954 5889899 at ()	AHAS 22		
	Name o	f Person	Area Code Daytime T	elephone Number SEC 22 D		
Enclose	d is a check for t	he following amount:		- 57A/C		
\$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

Ziss Photography 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 May 9, 2016 and assigned Florida document number L16000090313
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain 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 registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Floridan N Code II
City Zin Code 1
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Raz Ben-Ezzer	615 NE 10th Ave.	□ Add
	,	Fort Lauderdale, FL 33304	■ Remove
			☐ Change
			□ Add
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			☐ Change
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Affective date, if other than to an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific block does no	and cannot be prot meet the app	licable statuto	ng or more than ry filing require	(optio 90 days after tements, this	iling.) P	ursuant t If not be	o 605,0207 e listed as t
e record specifies a delay The 90th day after the r	ved effective ecord is file	e date, but i ed.	not an effec	ctive time, a	t 12:01 a	.m. or	n the e	earlier of:
Oated July 31		2016	·					
			6					
	Signature of	f a member or au	thorized repres	entative of a mer	nber			_

Page 3 of 3

Filing Fee: \$25.00