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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Seable Photography L. L. C. Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Caitlin Nelson							
Firm/Company .							
325 Edge Ave							
Valparaiso, FL 32580 City/State and Zip Code							
Hello @ caitie B Nelson. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Caitlin Nelson at (850) 217-5500 Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \$\times \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ \$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

Seable Photography L.L. (Name of the Limited	<u>C·</u>	
The Articles of Organization for this Limited Liability Company were filed on 5/13/2016 Florida document number	and assig	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here: Caitle Beth Nelson, Photograph The new name must be distinguishable and contain the words "Limited Liability Company," the designation "VI.C" or the a	ICY L.L.	<u></u> .
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 registered agent and/or the new registered office address here:	the name of	the new SECR
Name of New Registered Agent:	<u>z</u>	
New Registered Office Address: Enter Florida street address	<u>_</u>	200 C
	79 74	F ST POR/
, Florida	Zip Cox	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:		3 5

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

	uthorized Member	A d d====	Toma of Antion
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Josiah Nelson	325 Edge Ave Valparaiso, FL 325	x Add
		Valparaiso, FL 325	SO □ Remove
			Change
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If amending	any other information, enter change(s) here: (Attach additional sheets. if neces	sary.)
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		<u> </u>
Effective da	te, if other than the date of filing: May 9, 2016 (option	nal)
Note: If the	ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi date inserted in this block does not meet the applicable statutory filing requirements, this of ffective date on the Department of State's records.	date will not be listed as
	pecifies a delayed effective date, but not an effective time, at 12:01 a.i day after the record is filed.	m. on the earlier of
Dated J	anuary 6 2018.	
Daice	(ith 6 7) "	
	Signature of a member or authorized representative of a member	
	Caitlin E. Nelson Typed or printed name of signee	18 (
 -	Typed or printed name of signee	18 JAN 10 PM
	Page 3 of 3	0 P
	Filing Fee: \$25.00	⊒as (