11/13/2017

From Larson Accounting 1.321.888.4919 Mon Nov 13 13:06:53 2017 MST Page 1 of 7
Division of Corporations

Floridas Department of State Division of Corporations Electronic Flang Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name :

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

: (407)370-3686

Phone Fax Number

: (407)370-3120

, ,,,

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PRIVATE @ LARSON ACC. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ITS PICTURE USA LLC

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Corporate Filing Menu

WHO PARRIS

COVER LETTER

ITS PICTUI	RE USA LLC	indi-	
CP:	Name of Lim	ited Liability Company	. <u></u>
closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
eturn all correspor	idence concerning this matter	to the following:	
	CAROLINE LARSON		
		Name of Person	
	LARSON ACCOUNTING	G & CONSULTING SERVICES LLC	c
		Firm/Company	
	7901 KINGSPOINTE PA	RKWAY STE 17	
	· · · · · · · · · · · · · · · · · · ·	Address	·
	ORI.ANDO, FL 32819		
		City/State and Zip Code	
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her information co		•	cation)
LINE LARSON		407 370 3686	
Name of	Person	Area Code Daytime	Telephone Number
d is a check for the	: following amount:		
	<u>-</u>	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ITS PICTUICT: ITS PICTUICT: losed Articles of A eturn all correspondent information contained the	Name of Limits of Amendment and fee(s) are substituted at the substituted at the substituted at the substituted at the substituted a	Division of Corporations ITS PICTURE USA LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: CAROLINE LARSON Name of Person LARSON ACCOUNTING & CONSULTING SERVICES LLG Firm/Company 7901 KINGSPOINTE PARKWAY STE 17 Address ORLANDO, FL 32819 City/State and Zip Code PRIVATE@LARSONACC.COM E-mail address: (to be used for future annual report notificater information concerning this matter, please call: LINE LARSON Name of Person at (407

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ITS PICTURE USA LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records. I Liability Company))
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for the Or	y were filed on 06/01/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22.60 (122)
(Principal office address MUST BE A STREET ADDRESS)		E157 (c.
		SS 23 F
Enter new mailing address, if applicable:		#634
(Mailing address MAY BE A POST OFFICE BOX)	·····	
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		enter the name of the nev
	<u></u> -	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	Enter Florido Street address	
	, Flor	
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

:

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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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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