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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: TG A	Name of Limited Liability Co	aply LLC	-
The enclosed Articles of Amend	ment and fee(s) are submitted for filing	3 .	
Please return all correspondence	concerning this matter to the following	g:	
	Jenry Dig Name of	入て ' ' Person	
	JG Amazing Tim/Con	hotographic	LLC
***************************************	1441 Doncan Lo	ess	
	Donedin - FL 3 City/State and TennFL80 hot E-mail address: (to be used for fut	4698 Zip Code	·
	TennFL80 hot weed for full	ure annual report notification)	
For further information concerni	ng this matter, please call:		
Name of Person	at (7 Area	27 218404 Code Daytime Teleph	one Number
Enclosed is a check for the follo	wing amount:		
□ \$25.00 Filing Fee	30.00 Filing Fee & S55.00 F Certificate of Status Certifie (additions		\$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

Jb Amazino		
(<u>Name of the Limited L'a</u> (A Flo	mility Company as it now appears or orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit		4 19, 2016 and assigned
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the	limited liability company here:	
Jenny Dias Am	azina Photoe	raphy LLC
Tenny Diaz Au The new name must be distinguishable and contain the words "	Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	0 7% 0 7%
Enter new mailing address, if applicable:	<u></u>	
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or re registered agent and/or the new registered office s	-	ur records, <u>enter the name of the ne</u> w
Name of New Registered Agent:	······································	
New Registered Office Address:	7 . 7	
	Enter Florida	street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regist	•	Esp Couc
The state of the s		

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) authorize	ed to manage	, enter the title	, name, an	d address of	each person	being added
or removed from our records:						

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			🗖 Add
			☐ Remove
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Page 3 of 3

Filing Fee: \$25.00