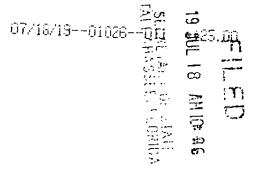
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Certified Copies	Certificate	s of Status
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Juri	ner Photogra Name of Lin	Phy Specialists iited Liability Company	110
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Nicholas	S A. C. TUT	ner_
		Firm/Company	
	641 W	estview Dr. Address	
	Minneola, Nicka-	City/State and Zip Code Turner. Photo to be used for future annual report noti	fication)
For further information o	concerning this matter, please co		neation)
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$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

Turner Photography	Specialists LLC
(Name of the Limited Liability Compaid (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000 1639 19</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the limited liability of the new name of the limited liability of the limited liability of the new name of the limited liability of the limited liability of the limited liability of the new name of the limited liability of the li	
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable:	641 Westview Dr
(Principal office address MUST BE A STREET ADDRESS)	641 Westview Dr. Minneola FL, 34715
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	641 Westview Dr. Minneola FL, 34715
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Florida Sip 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

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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fective date, if other than the date of filing:	(ontional)		
on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 to te. If the date inserted in this block does not meet the applicable statutory filing requires	0 days after filing.) I ments, this date w	Pursuant to 60 rill not be lis	05.020 sted a
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at	12:01 a.m. o	n the earl	lier (
The 90th day after the record is filed.		ii tiid daii	
ted July 14, 2019.			
200			
Signature of a member or authorized representative of a mem	ber		