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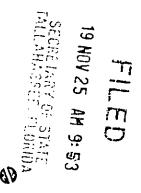
(Re	questor's Name)	
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bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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DES TO ALL

COVER LETTER

Div ,	ision of Corp	porations		
SUBJECT:		PHOTOGRAPHY LLC		
	-	Name of Limi	ted Liability Company	···
The enclosed	d Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return	i all correspoi	ndence concerning this matter t	to the following:	
		Phillip Pahl		
			Name of Person	
		PAHLAVI PHOTOGRAPI	IY LLC	
			Firm/Company	·····
		3030 Karen Dr		
			Address	
		Naples, Florida 34112		
		phillip.pahl@pahlsphotograp	City/State and Zip Code ohy.com	
		E-mail address: (t	o be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	II:	
Phillip Pahl			239 784-6963 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Comp		
	any were filed on	and assigned
Florida document number L16000176950		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Pahls Photography LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19 SE 19
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		25 =
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		NB >
<i>y</i>		-
3. If amending the registered agent and/or registered		s, <u>enter the name of th</u>
egistered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	MS .
		orida
	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

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
. •			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			☐ Remove
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fective date, if other than the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605 D2
te: If the date inserted in this block does not meet the applicable st cument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an earlie filed.	
red 11-21-19 Miltip Oth Signature of a member or authorized r	
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Typed or printed name of signee

Filing Fee: \$25.00