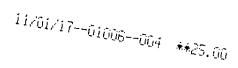
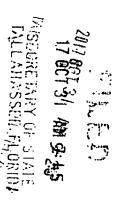


(Requ	uestor's Name)	
(Addr	ress)	
(Addr	ress)	<u></u>
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
:		

Office Use Only







COVER LETTER

TO:	Registration Se Division of Cor			
	PHOTOPL	US LLC		
SUBJE	CI;	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Carlos Chauriye		
		-	Name of Person	
		Carlos Chauriye		
			Firm/Company	
		1055 Pennsilvanya # 1		
			Address	
		Miami Beach FL, 33139		
		ccshop90@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	lication)
For furth	her information o	concerning this matter, please c	all:	
Carlos C	Chauriye		786 3165277	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PHOTOPLUS LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited L. Clorida document number L16000185447	iability Company	were filed on	and assigned
his amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
REAL SUNGLASSES LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C "
Enter new principal offices address, if applic	cable:	345 Ocean Dr. # 721	
Principal office address MUST BE A STREI		Miami Beach, FL. 33139	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	BOX)	345 Ocean Dr. # 721 Miami Beach, FL. 33139	
3. If amending the registered agent and registered agent and/or the new registered o		<u>e</u> :	r the name of the
New Registered Office Address:	345 Ocean Dr.	# 721	3. (SS:
	Miami Beach	Enter Florida street address Florida 3	
New Registered Agent's Signature, if changing	Registered Agent:	City	Zi Zip Code

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 Glapter 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
	***************************************		DAdd
			Remove
			Change
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			□ Add
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			Change
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			Change

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Filing Fee: \$25.00