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(Requestor's Name)
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TALLAHASSEE FLORIDS

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COVER LETTER

TO: Registration S Division of Co				
FINO PHO SUBJECT:	OTOS LLC			
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	FIONNA NICHOLAS			
		Name of Person		
		Firm/Company		
	13301A Thomasville Circl	le ·		3 3 4
		Address		3 5
	Tampa, FL 33617			TO FEB 27 AM 9: 54
		City/State and Zip Code		in C
	finophotosmgt@gmail.com			3 (5)
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notificall.	cation)	1 M 9:54
	concorning this matter, prease c	ш.		
Norman Nicholas		813 505-4746		
Name	of Person	at () Area Code Daytime	Telephone Number	#-
Enclosed is a check for	the 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 I Certificate of Certified Cop (additional copy	Status & y
Regist	LING ADDRESS: tration Section	STREET/COURIE Registration Section		
Divisi	on of Cornerations	Division of Comoras	tions:	

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

FINO PHOTOS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lir	nited Liability Compar	iy)	
The Articles of Organization for this Limited Liability Com Florida document number L16000192447	pany were filed on	October 18, 2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	y here:	
College Picture Day LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	(S)		
			开 至。
			B2 53-51
Enter new mailing address, if applicable:			The first
(Mailing address MAY BE A POST OFFICE BOX)			3 50
Mutting dudiess MAT BE A FOST OFFICE BOX)			5 5
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address. Name of New Registered Agent:		on our records, ente	er the name of the no
Navy Basistanad Office Address			
New Registered Office Address:	Enter	Florida strect address	
		Florido	
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
		his amanda. I Cadh	rouge to comply with a
I hereby accept the appointment as registered agent and		us capacity. I Juriner o	

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 = M $AMBR = A$	lanager .uthorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
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Signature of a member or authorized representative of a member	February 21st		<u> </u>		
	Ania K	111			

Page 3 of 3

Filing Fee: \$25.00