## 116000 192447

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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11/28/18 OS

## **COVER LETTER**

TO: Registration S Division of Co				
College Pi				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Fionna Nicholas			
		Name of Person		
		Firm/Company		
	2780 E. Fowler Ave #246	, ,		77.
		Address		· {
	Tampa, Florida 33612			
	finophotosmgt@gmail.com	City/State and Zip Code		2:
	E-mail address: (	to be used for future annual report notif	ication)	?) (?)
For further information	concerning this matter, please c	all:		
Fionna Nicholas		813 380-8423 at ()		
Name	of Person	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 Fee. Certificate of Sta Certified Copy (additional copy is er	itus &
MAII	LINC: ADDRESS:	STREET/COURT	FR ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

COLLEGE PICTURE DAY LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/18/2016	and assigned
lorida document number L16000192447	<u>_</u> .	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
INO PHOTOS LLC		
he new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		***************************************
Principal office address MUST BE A STREET ADDI	<u> </u>	
nter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del>``</del>
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office add</li> </ol>	stered office address on our records, ress here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer r tortaa sireet daaress	
	Flor	rida Zip Code
	City	гір Сойе

## 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
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			□ Remove □ □ Change
			□ Remove
			☐ Change
			Add
			□ Remove
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			Add
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			□ Add
			□ Remove
			Change

		- <b>-</b>
		<u>e</u>
		1
		<del>3</del>
E. Effe	ctive date, if other than the date of filing:  (directive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	
Note	If the date inserted in this block does not meet the applicable statutory filing requirement	s, this date will not be listed
doci	ment's effective date on the Department of State's records.	
		01
	ecord specifies a delayed effective date, but not an effective time, at 12: see 90th day after the record is filed.	or a.m. on the earlier
(-,		
Date	d Octuber 30th 2018	
.,	1 October 30th 2018	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00