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TALLAHASSEE, FLORID

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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor		· ·	
SUBJEO	CT: HERU	-KHUTI LLC	•	
		Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Omar Bell		
			Name of Person	
			Firm/Company	
		3645 Barna	AVE. #31F	
		T. LUCVILLE EL		
		TITUSVILLE, FL	City/State and Zip Code	<u> </u>
		omar bell 999 (Damail.com	
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
0~	ar Bell		at (917) 362-1	268
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e 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 Pagistration S		Street Address:	tion
	Registration S Division of Co		Registration Sec Division of Corp	
	P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HERU-KHUTI LLC	
(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>し</u> 16000 226563	ompany were filed on $12/15/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
BELL PHOTOGRAPHY L	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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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			□Add
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