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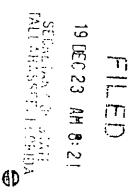
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	





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COVER LETTER

		stration Section of Corp				
SUBJEC	T.	DIEGO & V	VANESSA PHOTOGRAPHY	, LLC	••	
SUBJEC	.1; _		Name of Lim	ited Liability Company		
The enclo	osed .	Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please rei	turn a	ill correspo	ndence concerning this matter	to the following:		
			Vanessa Velez			
				Name of Person		
				Firm/Company		
			5953 Bent Pine Dr. #1234			
				Address		
			Orlando, FL 32822			
			info@vanessavelez.com	City/State and Zip Code		
				to be used for future annual	report notification)	
For furthe	er inf	ormation co	oncerning this matter, please ca	all:		
Vanessa	Vele.	Z		407 42 at ()	1-6988	
		Name of	Person	Area Code	Daytime Telephone Number	 -
Enclosed	is a c	theck for the	e following amount:			
■ \$25.0	00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is enc	Certificate of	Status &
		ng Address stration S		Street A		
			orporations		ation Section n of Corporations	
		Boy 632				

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIEGO & VANESSA PHOTOGRAPHY, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/27/2016 and assigned Florida document number 1.16000232115 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VANESSA VELEZ LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VELEZ, DIEGO M		□Add
		5953 BENT PINE DR. #1234, ORLANDO, FL 3283	2 ■Remove
		_	□Change
			□Add
			🗆 Remove
			□Change
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fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior tote: If the date inserted in this block does not meet the applica becument's effective date on the Department of State's records.	(optional) o date of tiling or more than 90 days after tiling.) Pursuant to 605.0
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DECEMBER 16 2019	•
() and () all a	rized representative of a member

Filing Fee: \$25.00