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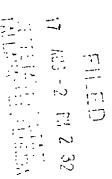
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Co	rporations			
	NIE NICOLE PHOTOGRAPHY	Y LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	Č	C		
	Ricky Souza			
		Name of Person		
	CENTRAL FLORIDA TA	AX PROFESSIONALS INC		
		Firm/Company		
	6239 EDGEWATER DRI	VE, SUITE D-01		
		Address		
	ORLANDO, FL 32810			
		City/State and Zip Code		
	INFO@CFLTAXPROS.CO	DM to be used for future annual report notifi		2
For further information .	concerning this matter, please c		(cation)	·
	concerning this matter, prease c			•
RICKY SOUZA		321 895-4099 at ()		
Name (of Person	Area Code Daytime	Telephone Number	
Enclosed 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)	Certified	e of Status &
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURIF Registration Section Division of Corpora	1	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEPHANIE NICOLE 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 Florida document number L17000014056	Liability Company	were filed on <u>01/18/2017</u>	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9812 DOGWOOD RIDGE RUN	
		ORLANDO, FL 32829	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9812 DOGWOOD RIDGE RUN ORLANDO, FL 32829	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	enter the name of the
New Registered Office Address:	9812 DOGWO	OD RIDGE RUN	2
New Negisiered Office Address.		Enter Florida street address	13
	ORLANDO	, Flor	ida <u>32829</u>
		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 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
MGRM	STEPHANIE SZYDLIK	9812 DOGWOOD RIDGE RUN, C ORLANDO, FL 32829 E	■ Add
		-	□ Remove
			☐ Change
MGRM	STEPHANIE GANIO		
		1315 ALANA DRIVE, ORLANDO ORLANDO, FL 32828	■ Remove
			Change
			☐ Remove
			Change
			Add · \
			☐ Remove
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			□ Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mor	(0	ptional)	Pursuant to	. 605 020
Note: If the date inserted in this block does not meet the applicable statutory filing locument's effective date on the Department of State's records.	requirements.	this date v	will not be	listed a
e record specifies a delayed effective date, but not an effective tin The 90th day after the record is filed.	me, at 12:0)1 a.m. d	on the ea	arlier o
Dated				
X Att Mignature of a member or authorized representative of	C			.
* 78ignature of a member or authorized representative of	i a member			

Page 3 of 3

Filing Fee: \$25.00