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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	HE Moments P	hotography av	id 30 Printing
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:	
	Ni	Cole Garner Name of Person	
	Little Man	ent's Photograp	hy and 3P Printing
	723 Sa	ilfish Rd	
		Springs HC City/State and Zip Code	
Ear further information		noncints 30 @ gr	mail.com notification)
	concerning this matter, please of		21-7904
Name	of Person	at ( <u>4,0,7)</u> Z Area Code Da	stime 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 Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	ING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassed, Fl	rporations g : Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moments Photography and 3D Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LLC The Articles of Organization for this Limited Liability Company were filed on 2/2/17 and assigned Florida document number <u>L17000 26404</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_ City 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

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

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MGR = Mar AMBR = Aut	nager thorized Member				
<u>Title</u>	Name	<u>Address</u>			Type of Action
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