L17000045837

(Req	uestor's Name	e)
(Addı	ress)	
(Addı	ess)	
(City/	State/Zip/Pho	ne #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity N	ame)
(Doc	ument Numbe	er)
Certified Copies	Certificat	es of Status
Special Instructions to F	iling Officer:	
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023 MAY 22 PN 12: 49 DECRETARY OF STATE TALL/19 5050, FL

Jame Crang

JUN 28 2023 D CUSHING

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	ATION: Collarites	Photo and	Design LLC		
DOCUMENT NUMBI	ER: 17000045	834			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
- -	522		UC Blvd, # 156	-	
_	Haspe	City/ State and Zip Cod	e	-	
For further information	E-mail address: (to be us	sec call:	notification)	2023 MAY 22 SECRETARY	Section of the sectio
	Collantes Contact Person	at (407 Area Co	de & Daytime Telephone Numbe	PM 12: 49	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:	m 5	
S35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Maili	ne Address	Street	Address		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

COVER LETTER

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TO:

	ttion Section of Corpor:				
SUBJECT:	Colle	antes Photo and	Design LLC		
			ited Liability Company		
The enclosed Arti	ictes of Amo	endment and fee(s) are sub-	mitted for filing.		
Please return alf c	corresponder	nce concerning this matter	to the following:		
	-	Michael	Collantes		
			Name of Person		
		Taglish (Collective		
	-		Firm/Company		
		522 S Hu	nt club Blvd #	156	
	-		Address		
		Apop	Ka, FL 32703 City/State and Zip Code	,	
	-		City/State and Zip Code	:	
	_	accounting	@ taglishcollec	tive com	
				report notification)	
For further inform	nation conce	rning this matter, please ca	all:		
Jill	Collant	es	at (_ 40 7)	421 - 3630	
	Name of Per		Area Code	Daytime Telepho	one Number
Enclosed is a che-	ck for the fo	ll y wing amount:			
□ \$25.00 Filing	g Fee 💍 💍	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	ion	Street A Regist	address: ration Section	
	ation Sect on of Corp		_	ration Section on of Corporatio	ons
P.O. Be	ox 6327		The Co	entre of Tallahas	ssee
Tallaha	issee. FL 3	32314	2415 N	√. Monroe Stree	t, Suite 810

Tallahassee, FL 32303



April 7, 2023

JILL COLLANTES TAGLISH COLLECTIVE LLC 522 S HUNT CLUB BLVD., #156 APOPKA, FL 32703

SUBJECT: COLLANTES PHOTO AND DESIGN LLC

Ref. Number: L17000045837

We have received your document for COLLANTES PHOTO AND DESIGN LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00007971

Diane Cushing Senior Section Administrator

> DECEIVED MAY 2 2 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Collantes Photo and E	Design LLC			
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	西西	11 3
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L17000045837</u> . This amendment is submitted to amend the following:		1 1	TARY OF STA	d assigned
This afferdment is submitted to afferid the following.			ं हिंते प	
A. If amending name, enter the new name of the limited I	iability company h	<u>ere</u> :		
86 Media LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the c	lesignation "LLC" or	the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:				<u>_</u>
(Mailing address MAY BE A POST OFFICE BOX)				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our r	ecords, <u>enter the</u>	name of the	e new registered
Name of New Registered Agent:		· ·		
New Registered Office Address:	Enter Flo	rida street address		
		, Floric		
	City		Zip (Tode -

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, <u>enter the title</u>, <u>name</u>, <u>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
		NA	□Add
			Remove
			□ Change
			□Add
			Remove
			Change
			□Add
		□ Remove	
			□Change
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f an ef Note:	ive date, if other than the date of filing:
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ded.
Dated	5 17 2023
	Signature of a member or authorized representative of a member
	Michael Collantes Typed or primed name of signee