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NOV 1 6 2020 S. YOUNG

COVER LETTER

Division of Cor	porations		
ASHDAN	PHOTOGRAPHY LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u></u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ASH-LEAH WRIGHT		
	·	Name of Person	· · · · · · · · · · · · · · · · · · ·
	ASHDAN PHOTOGRAF	HY LLC	
	·	Firm/Company	· · · · ·
	PO BOX 1731		
		Address	
	BARTOW FL 33831		
	ASHDANPHOTOGRAPH	City/State and Zip Code IY@GMAIL.COM	
	E-mail address: (to be used for future annual repo	ort notification)
For further information co	oncerning this matter, please ca	all;	
ASH-LEAH WRIGHT		407 925-0	5726
Name of	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addr	"
Registration S Division of C		Registration of Division of Control	on Section f Corporations
P.O. Box 632			e of Tallahassee

Tallahassee, FL 32314

Registration Section

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ASHDAN PHOTOGRAPHY LLC

ASHDAN PHOTOGRAPHY LLC		设
(<u>Name of the Limited Lia</u> bility Compa (A Florida Limited	iny as it now appears on our rec	cords.)
(A Fiorias Limited)	raaomty Company)	
The Articles of Organization for this Limited Liability Company	were filed on03/13/2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		PA
A. If amending name, enter the new name of the limited liab	ility company here:	- · · · · · · · · · · · · · · · · · · ·
ASHDAN PHOTOGRAPHY & CREATIVE DESIGNS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		·
Passa and an ellipsi address the saling like.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered white address here.		
Name - CNI Device-and A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		. Florida
	Cny	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
		<u> </u>	□Add
			□Remove
		 	□Change
	.		🗆 Add
			□Remove
			□Add
			Remove
			□Change
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Note:	we date, if other than the date of filing:
aocum	
e recor	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 ed.
e recor	
	OCTOBER 6 2020 .
e recor rd is fil	ત્ત્વી.

Filing Fee: \$25.00