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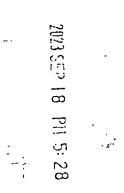
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10/2/2023

COVER LETTER

TO:

Registration Section

Division of Cor	porations		.ns 4.		
SUBJECT: Jenna N	icole Photography LLC				
ывлест: <u>-</u>		ited Liability Company	<u></u>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Jenna Neal			
		Name of Person			
	Je:	nna Neal Photography			
		Firm/Company			
		730 College Ave.			
		Address			
		Lakeland, FL 33801			
	hello@	City/State and Zip Code Fjennanealphotography.co	om		
		to be used for future annual report no			
For further information c	concerning this matter, please c	all:			
Jenna	Neal	at (863)	944-9617		
Name c	of Person	Area Code Dayt	ime 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)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:			
Registration Division of C		Registration S Division of C			
P.O. Box 633	•	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Mon Tallahassee, I	roe Street, Suite 810 FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jenna Nicole Photography LLC

2023 SEP 18 PH 5: 28

(Name of the Limited L (A)	liability Company as it now appear forida Limited Liability Company)	s on our records.)	.,,
The Articles of Organization for this Limited Liabil Florida document numberL17000082522		04/12/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company he	e <u>re</u> :	
Jenna Neal Photography LLC			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the d	esignation "LLC" or the al	obreviation "L.1C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	IDDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>		
2	<u></u>		
2	stered office address on our r	ecords, enter the nan	ne of the new reg
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or regis	stered office address on our r	ecords, enter the nan	ne of the new reg
(Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our r ere:	ecords, enter the nan	ne of the new reg
(Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered and/or the new registered office address has been addressed of New Registered Agent:	stered office address on our r ere:		ne of the new reg

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, 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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Typed or printed name of signee