L17000128741

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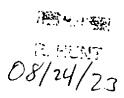
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COVER LETTER

TO: Registration Se Division of Cor		-		•
SUBJECT: Foo	UNOATION PHOT Name of Lim	OGRAPHY, LLC		
	Amendment and fee(s) are sub	_		
•	-	Name of Person IBIS -IBB GROUP, (F	Li C	
	1012 SAVANN	AH FAUS ONIVÉ Address		2023 AUG
	WESTON, F SSTrod 05(E-mail address:	City/State and Zip Code hotmail.com to be used for future annual report noti	fication)	2023 AUG 24 PM 12: 40
For further information c	oncerning this matter, please ca			0.4
<u>Rodnéy</u> Name o	V Č G A f Person	at (<u>914</u>) <u>433</u> Area Code Daytim	2659 e Telephone Number	_
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	Status &
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FOUNDATION PIDTUG (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	7)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 17000138741</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
THE HUDSON-IBIS GROUP The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		2023 AUG 2
		₽ SE
Enter new mailing address, if applicable:		PH 2:
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ge to act in this capacity. I furt	ther 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
			□Add
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cate: If the date inserted in this block does not meetument's effective date on the Department of States	t the applicable	ate of filing or more the statutory filing req	(optional) an 90 days after filing quirements, this date	.) Pursuant to 605.020
cord specifies a delayed effective date, but not an s filed.	effective time,	at 12:01 a.m. on th	e earlier of: (b) Th	e 90th day after th
ed Autust 19 Signature of a mer	2023.			

Filing Fee: \$25.00