# 117000136169

(Request	tor's Name)
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## **COVER LETTER**

FO: Registration Se Division of Cor				
NID HECT.	ELLA GAGLI	ANO PHOTOGRAPHY, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Walter Stocker		
		Name of Person		
		Bizaccountants		
		Firm/Company		
	1	070 W Horizon Ridge Pkwy Suite	111	
		Address		
		Henderson, NV 89012		
		City/State and Zip Code		
		bizaccountants@yahoo.com		<u></u>
For further information c	t-mail address: ( concerning this matter, please co	to be used for future annual report notif all:	ication)	
Walter S		702 480-4341 at ()		.': .7
Name c	of Person	Area Code Daytime	: Telephone Number	5
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 State Certified Copy (additional copy is ene	

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ANO PHOTOGRAPHY, LLC d Liability Company as it now apper A Florida Limited Liability Company)	ars on our records.)	
(	A Florida Limited Liability Company)		
The Articles of Organization for this Limited Lia	ability Company were filed on _	June 22nd 2017	and assigned
Florida document numberL17000136169	) 		
his amendment is submitted to amend the follo	wing:		
a. If amending name, enter the new name of	the limited liability company l	<u>nere</u> :	
ELLA GAGIA	NO PHOTOGRAPHY ELC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applica	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: 'Mailing address MAY BE A POST OFFICE I	N/A N/A		
B. If amending the registered agent and/orthe new registered of		on our records, <u>enter</u>	the name of the
Name of New Registered Agent:	N/A		
Name of New Registered Agent.		<del>-</del>	· · · ·
New Registered Office Address:		orida street address	on in
	r,nar r i	oriaa sireet adaress	
	<del></del>	, Florida	
	City		Zip Col <b>le</b>

### 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
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<b>ective date, i</b> reffective date i	f other than the date ( s listed, the date must be spe	of filing: with and cannot be pri	or to date of filing or o	(optional)	) 5) Parengast to 605/0207 (3
te: If the date	inserted in this block do	es not meet the appl	icable statutory filin	g requirements, this date	will not be listed as the
cument's effec	tive date on the Departm	ent of State's record	s.		
record spec	ifies a delayed effe y after the record is	ctive date, but n	ot an effective	time, at 12:01 a.m.	on the earlier of:
TIC SOLLI Ud	y arter the record is	тиеа.			,
	June 26	. 2017			· <u>-</u>
ted		·	·		. *
		0		of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00