## 117000161539

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S. WARREN OCT 2 3 2017

## **COVER LETTER**

TO: Registration S Division of Co				
	Y GROUP, LLC			
SUBJECT:	Name of Limite	d Liability Company		
The enclosed Articles of	f Amendment and fee(s) are subm	itted for filing.		
Please return all corresp	ondence concerning this matter to	the following:		
	ANTHONY HOWARD			
	<del></del>	Name of Person		
	FOTISTRY GROUP, LLC			
	Firm/Company			
	27220 HAWKS NEST CIRC			
		Address		
	WESLEY CHAPEL, FL 335	<del>111</del>		
		City/State and Zip Code		
	ALIGNARTISTICGROUP@	be used for future annual report notification)		
For further information	concerning this matter, please call	, , , , , , , , , , , , , , , , , , ,		
ANTHONY HOWARD	)	734 6377509		
Name	of Person	at ()		
Enclosed is a check for	the following amount:	0_		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. F	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, F1, 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**

FOTISTRY GROUP, LLC		
( <u>Name of the Limited Liabil</u> (A Flord	lity Company as it now appears ( la Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability (	Company wars filed on JULY	28, 2017 and assigned
	Company were med on	and assigned
Florida document number L17000161539		
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the lin	nited liability company here	:
ALIGN ARTISTIC GROUP, LLC		'
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		1
Mailing address MAY BE A POST OFFICE BOX)		
Widning dadress MAT DE A FOST OFFICE BOAT	<del></del> ·	
	<del></del>	<del> </del>
registered agent and/or the new registered office add  Name of New Registered Agent:	aress nere:	
New Periode of Control Address		
New Registered Office Address:	Enter Floride	street address
		Florido
	City	, Floridai Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of m igent as provided for in Ch ed office address, I hereby	w duties, and I am familiar with and apper 605. F.S. Or, Hilps document is
		0 R
	Page 1 of 3	€ <b>8</b>

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 DDA 🗖 ☐ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove \_D Change □ Add □ Remove

\_□ Change

PROVIDING ARTISTIC RELATER	D SERVICES TO INCLUDE: PHOTOGRAPHY AND PHOTO	GRAPHY
RELATED SERVICES AND TRAIL	NING, ARTWORK SALES; HOME INTERIOR REDESIGN,	STAGING,
AND TRAINING AND RELATED	SEMINAR AND SPEAKER SERVICES.	
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ve date, if other than the date of	of filing: OCTOBER 18, 2017 (optional) citic and cannot be prior to date of filing or more than 90 days after filing	
If the date inserted in this block doe ent's effective date on the Departme	es not meet the applicable statutory filing requirements, this date	will not be list
ord specifies a delayed effec 90th day after the record is	ctive date, but not an effective time, at 12:01 a.m. filed.	on the earli
OCTOBER 1	8 12017	17 OCT
Signatu	re of a member or authorized representative of a member	720
ANTHONY HOWARD	·	

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Filing Fee: \$25.00