## 17000176699

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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## **COVER LETTER**

|                                       | gistration Se<br>ision of Cor     |   | . •  | •  |  |
|---------------------------------------|-----------------------------------|---|--|--|--|
| entrare                               | Florida Cracker Photography, LLC  |   |  |  |  |
| SUBJECT                               | Name of Limited Liability Company |   |  |  |  |
| The enclosed                          | l Articles of                     | Amendment and fee(s) are sub                    | omitted for filing.  |  |  |
| Please return                         | all correspo                      | ondence concerning this matter                  | to the following:  |  |  |
|                                       |                                   | Patricia G. Powers                              |  |  |  |
|                                       |                                   |   | Name of Person   |  |  |
|                                       | Firm/Company                      |   |  |  |  |
|                                       | 7606 41st Avenue East             |   |  |  |  |
|                                       | Address                           |   |  |  |  |
|                                       |                                   | Bradenton, FL 34208                             | City/State and Zip Code  | ·· <del>····</del>   |  |
|                                       |                                   | patti@floridacrackerphotog                      |  |  |  |
|                                       |                                   | E-mail address: (                               | to be used for future annual report                              | notification)  |  |
| For further i                         | nformation c                      | oncerning this matter, please c                 | all:   |  |  |
| Patricia Powers  Name of Person       |                                   | 941 932-229                                     | 5  |  |  |
|                                       |                                   | at () Area Code Da                              | ytime Telephone Number   |  |  |
| Enclosed is a                         | a check for th                    | ne following amount:                            |  |  |  |
| <b>■ \$25.00 B</b>                    | Filing Fee                        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| Mailing Address: Registration Section |                                   |   | Street Address: Registration Section                             |  |  |
| Division of Corporations              |                                   |   | Division of Corporations   |  |  |
| P.O. Box 6327                         |                                   |   | The Centre of Tallahassee  |  |  |
| Tallahassee, FL 32314                 |                                   |   | 2415 N. Monroe Street, Suite 810                                 |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida Cracker Photography LLC  |   |   |
|--|---|---|
| ( <u>Name of the Limited Liability</u><br>(A Florida   | Company as it now appears on our record<br>Limited Liability Company) | <u>ds.</u> )                                  |
| The Articles of Organization for this Limited Liability Co<br>Florida document number 1.17000176699                      | ompany were filed on August 17, 2017                                  | and assigned                                  |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limit   | ed liability company here:  |   |
| Florida Cracker Art & Photography, LLC   |   |   |
| The new name must be distinguishable and contain the words "Limit<br>Enter new principal offices address, if applicable: | ed Liability Company." the designation "LLC                           | C" or the abbreviation "L.L.C."               |
| (Principal office address MUST BE A STREET ADDRI   | <u>ESS)</u>   | 2024<br>SE<br>TAL                             |
| Enter new mailing address, if applicable:  | N/A   | HAR IL  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:               | office address on our records, enter                                  | ਉਂਜਾਂ. ਹਾ<br>r the name of the new registered |
| Name of New Registered Agent:  | NIA   |   |
| New Registered Office Address:   | Enter Florida street addre  | 555   |
|  | , Fl  | lorida  |
|  | City  | Zip Code                                      |

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member **Title** Name <u>Address</u> Type of Action  $\Box$ Add \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Change \_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_ March 8 2024 Signature of a member or authorized representative of a member Patricia G. Powers Typed or printed name of signee