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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : ICONNECT SOLUTIONS CORP Account Number : I20190000122 Phone : (407)863-0096 Fax Number : (407)612-2181 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMAGIC PHOTOGRAPHY, LLC

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COVER LETTER

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CHBIECT	IMAGIC PHOTOG				
SUBJECT	r:	Name of Limit	ed Liability Company		
The enclos	sed Articles of Amend	ment and fee(s) are subn	nitted for filing.		
Please retu	irn all correspondence	concerning this matter t	o the following:		
	EM	ERSON CORREA			
		···	Name of Person		
	10.0	ONNECT SOLUTIONS	CORP		
			Firm/Company		
	673	5 CONROY ROAD ST	E 219		
	<u></u>		Address		
	OR	LANDO, FL 32835			
City/State and Zip Code					
	EMI	erson@iconnects			
		E-mail address: (t	o be used for future annu-	al report notification)	
For furthe	r information concern	ng this matter, please ca	dl:		
EMERSO	N CORREA		at () _	63-0096	Ni mak m

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

StreetAddress: 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 H20000190599 3 OF 2020 JULY 22 ATTO: 56

IMAGIC PHOTOGRAPHY, LLC		•		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Liability Company Plorida document number <u>L17000180823</u> .	were filed on 08/24/2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company" the designation "LLC" or t	be abbreviation "L.L.C."		
·	733 EASTLAWN DR			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	CELEBRATION, FL 34747			
Enter new mailing address, if applicable:	733 EASTLAWN DR			
(Mailing address MAY BE A POST OFFICE BOX)	CELEBRATION, FL 34747			
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register		
agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:				
	Emer Florida street address			
	Florid	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.

□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 = M AMBR = A	anager uthorized Member	2020 JUH 22 AM 10: 56	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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