117000214529

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDI

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COVER LETTER

Division of Corpo	orations		
PHOTOG BO	OTH, LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Kevin Finch		
		Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	4664 NW 00 PT	1 Illia Company	
	4664 NW 22 ST		
		Address	
	Coconut Creek, FL 33063		
		City/State and Zip Code	
	hello@photogbooth.com		
	E-mail address: (to	be used for future annual report notificat	ion)
For further information con-	cerning this matter, please cal	11:	
Kevin Finch		954 531-3349	
Name of P	erson	at () Area Code Daytime Te	lephone Number
		·	•
Enclosed is a check for the	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 Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

PHOTOG BOOTH, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company L17000214529 Lorida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		= 7
(Principal office address MUST BE A STREET ADDRESS)		
		AR HA
		.SS.
Enter new mailing address, if applicable:	Jonathan Connolly	=== (H ==== (H
Mailing address MAY BE A POST OFFICE BOX)	126 Summer Hill Rd.	= 70
Muning muness MAT BEATOST OF FICE BOX	Simpsonville, SC 29681	7
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the new
New Registered Office Address:	P. dl. t. dt.	
	Enter Florida street address	
	, Florid	
	City	Zip Code

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Kevin Finch		Add
		949 S ROCK ISLAND RD.	■ Remove
		NORTH LAUDERDALE, FL 3300	Change
			Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			
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tive date, if other than the	data of filings	(optional)
ffective date is listed, the date must	be specific and cannot be prior to date of filing of	or more than 90 days after filing.) Pursuant to 605.0
if the date inserted in this bloment's effective date on the De		iling requirements, this date will not be listed
		re time, at 12:01 a.m. on the earlier
e 90th day after the reco	rd is filed.	
March 23	2018	
d	<u> </u>	
	<u> </u>	
Kenin V	Signature of a member or authorized representati	

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Filing Fee: \$25.00