# h17000232443

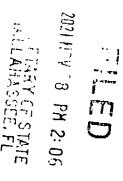
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### **COVER LETTER**

Division of Corporations			
SUBJECT: Courtney	Name of Lim	notography LLC.	
The enclosed Articles of Amendmen	nt and fee(s) are sub	mitted for filing.	
Please return all correspondence con	cerning this matter	to the following:	
		Name of Person	
	Courtne	ey Wilole Photogr	aphy
	<u> तेण्डव्य</u>	Emerald Ave	
<del></del>	Port Cha	AVIOTTE, FL 339 City/State and Zip Code	52
Cour	They @ Carry E-mail address: (	to be used for future annual report notif	fication)
For further information concerning t	his matter, please c	all:	
Courtney Fonte Name of Person	inct	at ( <u>94 </u> ) <u>623 -</u> Area Code Daytime	8505 e Telephone Number
Enclosed is a check for the followin	g amount:		
	00 Filing Fee & rifficate 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: Registration Section		Street Address: Registration Sec	ction .

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

Registration Section

TO:

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 OF

lourtney Diche I	hotography LC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000232443</u> .	were filed on <u>11/09/17</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Courtney Fontena 20322 Emerals Port Charlotte	FL 33952
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		C 05
New Registered Office Address:	Enter Florida street address	
	. Florida	
-	City	Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

 $\cap$ 

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□ Change
			□ Add
			□Remove
			□Change

## Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	<u> </u>
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E. Effective date, if other than the date of filing:	rsuant to 605 0207 (3)0 I not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on (b) The 90th day after the record is filed.	the earlier of:
Dated <u>November 2</u> 2021.	
Dated November 2 2021.  Courty Jontempt  Signature of a member of authorized representative of a member  Courty Typed or minted name of space.	
Courtney Funtenot	

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Filing Fee: \$25.00