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COVER LETTER ,

TO: Registration S Division of Co			
JR16 Phot SUBJECT:	ography LLC		
<u></u>	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Javier Reyes Jr.		
		Name of Person	
		Firm/Company	
	7943 Apple Blossom Drive	e	
		Address	
	Lakeland, Florida 33810		
		City/State and Zip Code	
	javi@jr16creatives.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
Javier Reyes Jr.		863 274-0828 at ()	
Name	of Person	Area Code Daytimo	: Telephone 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:

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

JR16 Photography LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L17000261519</u> .	any were filed on December 26, 20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
JR16 Creatives LLC		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		> 0 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		(/) 1 gram
		File Prove
		3
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our recordere:	
	_	, –
Name of New Registered Agent:		
New Registered Office Address:	. <u>.</u>	
	Enter Florida street addre	100
	F	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Jav	er O. Reyes, Jr.: Member	r and Managei	-				355.	-7	-
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Filing Fee: \$25.00