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## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
	nn Photography			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Rebekah Mann			
		Name of Person		
		Firm/Company		
	2035 High Glen Ct N	Time Company		
		Address		
	Lakeland, FL. 33813			
		City/State and Zip Code		
	rebekah@rebekahandgrace	com to be used for future annual report noti:	fication)	
For further information c	oncerning this matter, please of			
Rebekah Mann		863 670-3113 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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)	
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ction	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The party of the p

Rebekah Mann Photography

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/28/2017	and assigned
Florida document number L18000000852		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Rebekah & Grace Photography LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2035 High Glen Ct. N.	
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, FL. 33813	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Piorida street address	
	, Flor	ida
	c ŵ,	zip Cinic

## 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 AMBR = Authorized Member

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

. If amending any off	ner information, enter change(s) here: (Attach additional sheets, if necessary.)
**************************************	
<del></del>	
Note: If the date inse	d, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (and in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
the record specifies a decord is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated February 15	lekah I Mann
<u>~~~</u> }#	Signature of a member or authorized representative of a member
Dahalah X	
Rebekah N	Typed or printed name of signee

. . . . . . .

Filing Fee: \$25.00