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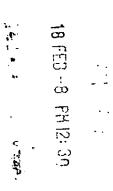
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FILING CANCELLED RETURNED CHECK



COVER LETTER

FILING CANCELLED HECK

TO: Registration Sec Division of Corp		RETURNED CH					
SUBJECT: SV	LVP LONZ PN Name of Limi	Oto booth LL	<u>C</u>				
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	_8076 NW 3	Cabriel Name of Person 2 Photobooth Firm/Company 37th Rd Apt Address	378				
	<u> Vainesville</u>	FL 32606 City/State and Zip Code					
	Info@S E-mail address: (1	harplenzphûto to be used for future annual report	o. Com notification)				
For further information ed	oncerning this matter, please ca	all:					
Lonavdo Name of	Gabriel	at (<u>786-334</u> Area Code Day	1-2012 rtime Telephone Number				
Enclosed is a check for th	e following amount:						
S25.00 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				

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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FILING CANCELLED RETURNED CHECK

Sharplehz Ph	010000n	
Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	<u>ur recordș.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on <u>JUNU</u> 328	111 30, 2018 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the Sharplenz Photob The new name must be distinguishable and contain the word	ooth LLC	tion "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	, Florida 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 AMBR = Authorized Member **Type of Action** <u>Address</u> Title Name | FILING CANCELLED ☐ Remove RETURNED CHECK _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove

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Page 3 of 3

Filing Fee: \$25.00