1180000 44838

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COVER LETTER

	of Corporations
SUBJECT:	CMC Photograpy LLC Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	CIETTA Camper Name of Person
	CMC Photography, LLC
	8323 KIDNAYKE Rd
	Joungstown, FL 324106 City/State and Zip Code
	CMCDNOTOGRAPHY PCF (@ 9May). COM El mail address (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Cierra	Name of Person at (850) 387-5726 Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
□ \$25.00 Filing	Fee U\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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

CMC PNOTOGIO (Name of the Limited Liability Company a	s innow appears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number 118000044838		nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Lability of		ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the n	ame of the new
Name of New Registered Agent:	· ·	
	A S	The second second
New Registered Office Address:	Enter Florida street address	
	. Florida	THE TEN
		Code Co
New Registered Agent's Signature, if changing Registered Agent;	D≎ ≯	• • • • • • • • • • • • • • • • • • •

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>	Address	Type of Action
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Add
			☐ Remove
			☐ Change
			Add
			Remove
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			Remove
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Note: If the date of document's effect of record spec	ifies a delayed of after the recor		but not an eff			n the earlier o

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Filing Fee: \$25.00