## 11800066439

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tyler MILLER PHOTOGRAPHY, LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tyler Miller	
Name of Person	
Firm/Company	
4501 MUSTANG RD	
MELBOURNE, FL 33934  City/State and Zip Code  Micro Snook a gmail. Com  E-mail address: (to be used for future annual report notification)	
Micro Snook a gmail. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tyler Miller at (321) 890.7876  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, 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

TYLER MILLER			
(Name of the Limited Liability Company (A Florida Limited Lia			
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 1 8 0000 66439</u> .	vere filed on March 14, 2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.		
Enter new principal offices address, if applicable:	AR ARE		
(Principal office address MUST BE A STREET ADDRESS)	ASST SSE		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	F STATE FLORIDA MII: 20		
B. If amending the registered agent and/or registered office address here:	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida City Zip Code		
Non-Basistand Assets Cinches of the Project Designated Assets	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tyler MillER	4501 MUSTANG RD	XAdd
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Sective date, if other n effective date is listed, the tee: If the date inserted cument's effective date	ne date must be specific in this block does no	and cannot be prio ot meet the applic	able statutory filin	nore than 90 days afte	ional) r filing.) Pursuant to is date will not be	605.026 isted a
record specifies a The 90th day after			ot an effective	time, at 12:01	a.m. on the ea	rlier (
ded MARCH	1 26	. <u>2019</u>	<u>\$</u> .			
	Kd	un B	ules			
	Lignature o	of a member or auth	orized representativ	e of a member		

Page 3 of 3

Filing Fee: \$25.00