

480000 84606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

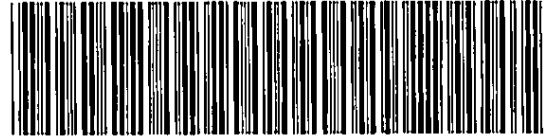
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19 JAN -8 PM 1:15

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Name Change

JAN 12 2019

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: STRIKEAHPOZEPHYTOGRAPHY LLC

DOCUMENT NUMBER: L18000084606

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BROWN, NICKY R

\_\_\_\_\_  
Name of Contact Person

STRIKEAHPOZEPHYTOGRAPHY LLC

\_\_\_\_\_  
Firm/ Company

11149 NW 37th STREET

\_\_\_\_\_  
Address

SUNRISE, FL 33351

\_\_\_\_\_  
City/ State and Zip Code

STRIKEAHPOZEPHYTOGRAPHY@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BROWN, NICKY R

754 214-0238  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

**Street Address**

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

RECEIVED  
DIVISION OF CORPORATIONS  
JAN 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2018

NICKY R BROWN  
STRIKEAHPOZEPHYTOGRAGPHY.COM LLC  
11149 NW 37TH STREET  
SUNRISE, FL 33351

SUBJECT: STRIKEAHPOZEPHYTOGRAGPHY.COM LLC  
Ref. Number: L18000084606

We have received your document for STRIKEAHPOZEPHYTOGRAGPHY.COM LLC and your check(s) totaling \$45.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 218A00026260

RECEIVED  
2019 JAN -8 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

STRIKEAHPOZEPHYTOGRAPHY.COM LLC

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

RECEIVED  
10 JAN -08 PM 1:15  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/11/2018 and assigned  
Florida document number L18000084606.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

STrikeahpozephyTography LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11149 NW 37TH ST  
Sunrise, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11149 NW 37TH ST  
Sunrise, FL 33351

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Dicky R. Brown

New Registered Office Address:


11149 NW 37TH

Enter Florida street address

Sunrise, Florida 33351  
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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|---------------|-------------------|---|
| MGR          | Nicky R Brown | 11149 NW 37TH ST  | <input checked="" type="checkbox"/> Add |
|              |               | Sunrise, FL 33381 | <input type="checkbox"/> Remove         |
|              |               |                   | <input type="checkbox"/> Change         |
|              |               |                   | <input type="checkbox"/> Add            |
|              |               |                   | <input type="checkbox"/> Remove         |
|              |               |                   | <input type="checkbox"/> Change         |
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|              |               |                   | <input type="checkbox"/> Change         |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

  
Signature of a member

Signature of a member or authorized representative of a member

Nicky L. Brown  
Typed or

Typed or printed name of signee