



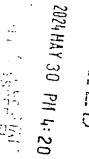
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
CIID IEZEE.	LYNN CROW PHO	TOGRAPHY LLC	
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		LYNN CROW	
	Name of Person		
	Firm/Company		
	388 BAYOU CIR		
		Address	
	i	REEPORT, FL 32439	
		City/State and Zip Code	·· ···
	LYNN@LYNNO	ROWPHOTOGRAPHY.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
LYNN CROW		770 309-8867	
Name of Person Area Code Daytime Telepho		me Telephone Number	
Enclosed is a check for t	the 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 S	ection
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LYNN CROW PHOTOG	RAPHY LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	15.)
The Articles of Organization for this Limited Liability Company	y were filed on03/12/2018	and assigned
Florida document numberL18000101559		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
LYNN CROW SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liab	itity Company," the designation "LLC	I" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
		124
		= = = =
Enter new mailing address, if applicable:		30
(Mailing address MAY BE A POST OFFICE BOX)		2 11
		74 F D
		N
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	W
	FI	orida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change
			□Remove
			□ Change
			□Remove
			☐ Change
			□Add
			
			☐ Change
			□Add
			□ Remove
			□€ benue

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 01/01/2024 (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. 01/01 Dated _ 2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

LYNN CROW