118000115704

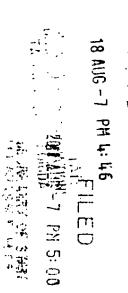
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

то	: Registration Se Division of Cor			
0.11		otography LLC		
SUI	BJECT:	Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ase return all correspo	ndence concerning this matter	to the following:	
		Tellis Rodgers		
			Name of Person	
Tellis > Photography LL C				
			Firm/Company	
2785 Beechwood Knolls				
			Address	
		Tallahassee Fl, 32301		
			City/State and Zip Code	
		tellisrodgers@hotmail.cor		
		E-mail address: ()	to be used for future annual report notif	ication)
For	further information co	oncerning this matter, please ca	all;	
Tel	llis Rodgers		850 322-2369	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enc	closed is a check for th	ne 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)

MAILING ADDRESS:

į

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

Tellis > Photography			
(Name of the Limi	ted Liability Compar	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L Florida document number L18000115704			and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liabi	lity company here:	2 S
Tellis More Than Photography LLC			* <u>#</u> 0
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	2785 Beechwood Knolls Ta	illahassee, Fl 32301
(Principal office address MUST BE A STREE	ET ADDRESS)	_	
Enter new mailing address, if applicable:		2785 Beechwood Knolls Ta	illahassee, Fl 32301
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o			ls, enter the name of the nev
Name of New Registered Agent:	Denise Rodger	rs	
New Registered Office Address:	2100 Lowry Av	⁄e	
		Enter Florida street addre	3.5.5
	Haines City	. FI	lorida ³³⁸⁴⁴
		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 Legistered 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
			□ Remove
			□ Change
			Add
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			Change
			Add
			Remove
			Change

). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessar	ry.)	
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<u>Note:</u> If	e date, if other than the date of filing:) g.) Pursuant to e will not be	605.0207 (listed as th
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	. on the ea	arlier of:
Dated	·	~ X :	20 31
	Signature of a member or authorized representative of a member	* 19.	
	Signature of a member or authorized representative of a member	7.55 7.54 1.54	15-7 PM
	Tellis Rodgers	14 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Typed or printed name of signee	- T	_ \langle \langle \la

Page 3 of 3

Filing Fee: \$25.00