L18000125051

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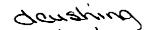


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SUCRETARY OF STATE DEVISION OF BORPORATION



COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

5 Division of Cor	rporations			
Ken's Len	s Images, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kenna Schott			
		Name of Person	· - · · ·	
	Kenna Schott Photography	/, LLC		
		Firm/Company		
	819 Whitfield Ave			
		Address		
	Sarasota, FL 34243		g R	
	hello@kennaschott.com	City/State and Zip Code	<u> </u>	
	E-mail address: (to be used for future annual report notif		D K
For further information of	concerning this matter, please c	all:	r.	၁ သ
Kenna Schott		941 704 2373)
Name o	of Person	Area Code Daytimo	: 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)	
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ken's Lens Images, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nny as it now appears on our records, Liability Company))	
The Articles of Organization for this Limited Liability Compan	and assigned		
Florida document number L18000125051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
Кеппа Schott Photography, LLC			
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	819 Whitfield Ave		
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34243	UG 2	
		PA PP	
Enter new mailing address, if applicable:	819 Whitfield Ave		
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34243	30 30	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records,	enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Flox	utal a	
	, Flor	Zip Code	
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I furt	her agree to comply with th	

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

*W 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>	Name	Address	Type of Action
			□ ∧dd
			□ Remove
			☐ Change
			Remove
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			Remove
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. Effective date,	if other than the da	te of filing:			(optional)	
Note: If the date	if other than the da is listed, the date must be e inserted in this block etive date on the Depar	does not meet the	applicable statutory	g or more than 90 day tilling requirement	s after filing.) Pursual ts, this date will not	nt to 605,020 be listed a
	cifies a delayed el ay after the record		ut not an effect	ive time, at 12	:01 a.m. on the	e earlier (
Dated	6th	2019				
	Klima Eggi	nature of a member of	or authorized represen	ntative of a member		

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Filing Fee: \$25.00