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OCT 2.2 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Antler and Aspen Photography LLC Name of Limited Enability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Kelly M. Duff Name of Person								
Name of Person								
Antier and Aspen Photography LLC								
120 Hibiscus Woods Ct., Apt 10B								
Deltona, FL 32725 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Kelly M. Duff Name of Person at (386), 279 - 3368 Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee SCERTIFICATE S40.00 Filing Fee SCERTIFICATE S60.00 Filing Fee. Certificate of Status SCERTIFICATE 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

Antler and Aspen Photography The Articles of Organization for this Limited Liability Company were filed on 07/09/18 Florida document number L18000163862 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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

<u> Title</u>	<u>Name</u>	Address	Type of Action
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rective date, if other than the date of filing: (optional) reflective 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 605.026 (or file date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a current's effective date on the Department of State's records. The goal of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a current's effective date on the Department of State's records.				_	
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Filing Fee: \$25.00