L18 000 214009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i

Office Use Only



100356522951

12/18/20--01023--004 **25.00

FILED 2020 DEC 18 PM 3: 06 SECRETARY OF STATE

JA121

12/14/2020

To Whom It May Concern:

I do not intend to file a revocation of dissolution for Hi-Res Homes LLC D# L18000176873.

Please release the name for us in this filing.

Erifa Contreras

www.hi-reshomes.com info@hi-reshomes.com

> 2020 DEC 18 PM 3: 06 SECRETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:	E Photogra	aphy		
	Name of Ilim	ited I liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Erica	Contreras Name of Person		
		E Photogramy	aphy	
	3352	Ramblewax	J Way E	2020 DE
	Saras	ota, FL 3423	S7. TARYO	2020 DEC 18 PM 3: 06
		City/State and Zip Code	SEE,	. i ⊂
	E-mail address: (to be used for future annual report noti	Meation)	06
For further information con	ncerning this matter, please c	all:		
Erica (Person	at (941) 800 Area Code Daytim	0 · 83 Flo ne Telephone Number	
Enclosed is a check for 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 Sta Certified Copy (additional copy is u	atus &
<u>Mailing Address:</u> Registration Se		Street Address: Registration Se	ection	
Division of Co		Division of Co.		

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.

J+E1	Photography LLC
	oility Company as it now appears of our records.) Inda Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 911 2018 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the li	es LLC
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD.	imited Liability Company," the designation "L.L.C." 2702 King Surrey Ct DRESS UCLVICO, FU 33594
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	2702 King Surrey Ct Enter Florida street address Valri CO Florida 33594 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 addeor removed from our records:

MGR = M $AMBR = A$	lanager authorized Member	no change	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			ALL AREA
			TALL MILESSEE
		 	E. F. Dichange
			□Add
			□Remove
			□Change
			□ Add
			□ Псточе
			□Change
			□Add
			□Remove

_____ □Change

Fective date, if other than the date of filing: Coptional	amending any other i		•					
Fective date, if other than the date of filing:								
fective date, if other than the date of filing: melfective 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 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. The 90th day after the filed.					<u>.</u>			
fective date, if other than the date of filing:		 -				<u> </u>		
fective date, if other than the date of filing:								
fective date, if other than the date of filing:	 			<u> </u>				
fective date, if other than the date of filing:			· · · · · · · · · · · · · · · · · · ·	<u></u>				
fective date, if other than the date of filing:				<u>.</u>				<u>.</u>
fective date, if other than the date of filing:								
fective date, if other than the date of filing:							·	
fective date, if other than the date of filing: melfective 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 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. The 90th day after the filed.								
fective date, if other than the date of filing: melfective 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 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. The 90th day after the filed.								
fective date, if other than the date of filing:								
fective date, if other than the date of filing:				_ 	<u></u>			
fective date, if other than the date of filing:						(5		
fective date, if other than the date of filing:						TAL)20[e-rai
fective date, if other than the date of filing:							C	
fective date, if other than the date of filing: medicative 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 605.02 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. The 90th day after the filed.					<u></u>	<u> </u>	- - -	
fective date, if other than the date of filing:						SSI	<u> </u>	
fective date, if other than the date of filing:						ST/	ယ္	
on 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 605.02 of the listed in this block does not meet the applicable statutory filing requirements, this date will not be listed current's effective date on the Department of State's records. The second 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 is filed.				· 			96	
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 605.02 of the listed in this block does not meet the applicable statutory filing requirements, this date will not be listed becament's effective date on the Department of State's records. The second 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 is filed.							 	
is filed.	an effective date is listed, the ote: If the date inserted	e date must be specific in this block does no	and cannot be prior to timeet the applica	o date of filing or mobile statutory filing	re than 90 days afti	er filing.) P	ursuant i ill not b	to 605,020 e listed a
		d effective date, but i	not an effective tir	me, at 12:01 a.m. o	n the earlier of: ((b) The S	X)th day	v after the
Signature of a member of authorized representative of a member	ated) ·				
Signature of a member of authorized representative of a member				_				
		Signature of	l'axinember of autho	rized representative	of a member			
1/= 1/4 . 4 = 4 = 4				1	~- ~ - 1			