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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THE LO	NESOME	PHO	570 GRAPHER LLC		
DOCUMENT NUMBER:						
The enclosed Articles of Amenda	nent and fee are st	ibmitted for filing.				
Please return all correspondence	concerning this ma	atter to the following	:			
	MEUSS	A ORTI	2			
		Name of Contac	t Person			
	THE L	Firm/ Company J 13 H4 ST. APT. b37 Address 1 FL 33130 City/ State and Zip Code				
		Firm/ Comp	pany	622		
	145 SU	V 13 H4 S	T- 1	907. NS F		
		Address				
	MIAH	I, PL	3313			
		City/ State and Z	ip Code			
		QME.COM				
E-ma		sed for future annual	l report n	otification)		
For further information concerning	g this matter, plea	se call:				
ACESS ANDROS	ARMO		86	975 0021		
Name of Contact	Person	λ,	Area Code	e & Daytime Telephone Number		
Enclosed is a check for the follow	ring amount made	payable to the Florid	da Depart	iment of State:		
	.75 Filing Fee & lificate of Status	□\$43.75 Filing F Certified Copy (Additional cop enclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addre		Street A	<u>ddress</u>			
Amendment Se	ction		Amendment Section			
Division of Cor	porations	Division of Corporations				
P.O. Box 6327 Taffahassee, FI	32314		Clifton F			
rananassee, ra	. /	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Lone sor	ne Photo	grapher	LLC		
(Name of the Limited	Liability Company as Florida Limited Liabili	it now appears on o iy Company)	ur records.)	-	
The Articles of Organization for this Limited Lial Florida document number <u>口を000まれる</u> み		filed on O9	7/2018	and assigno	:d
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability o	company here:			
The new name must be distinguishable and contain the work Enter new principal offices address, if applicable (Principal office address MUST BE A STREET) Enter new mailing address, if applicable:	ole:	mpany," the designa	tion "LLC" or the abl	breviation "L.L.C."	·
(Mailing address MAY BE A POST OFFICE B	ox) —				
	_	-		TALL THE	
B. If amending the registered agent and/or registered agent and/or the new registered offi		address on our	records, enter	27 856	
Name of New Registered Agent:	Melissa 145 Sw	OHIZ		A LINE	
New Registered Office Address:	145 SW	13th St	API 637	25 TO	
	Miami	Enter Florida str	eet address , Florida	33130	
		a itv	_	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address	<u>S</u>	Type of Action	<u>n</u>
14thoized Repres	sentative_	Melissa OHiz	145	SW 13th St Apt 63	57 □ Add	
			Mic	mi, FL 33130	⊠ Remove	
					Change	
Authorized Re	progentalive	Alessandio	Swno	145 SW 13th St Apt	637 X Add	
			-	Migmi FL 33130	Remove	
			·		Change	
					□ Remove	
					Change	
					20199 EB 29 AM-HI: 1	<u>n</u>
					AHASSEC FLOOR	T
					Remove	
					☐ Change	
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. If amending any other information, enter change(s) here: (Attach additional sheets, if nece		
	<u> </u>	
	. ~	
	TALL.	\neg
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(Option effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filling.) Pursuant to 605.0)207 (3) I as the
f the record specifies a delayed effective date, but not an effective time, at $12\!:\!01$ ab). The 90th day after the record is filed.	a.m. on the earlie	r of:
Dated Febs. 25 2019 Million Mal		
Signature of a member or authorized representative of a member		
Signature of a member of authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00