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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: BEN	ton Blissfu	1 Photograph ed Liability Company	y,LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	- Ange	Pla Benton Name of Person	
		jerny Stree	
	Panama	City/State and Zip Code	404
	abento	n1013@gmail.	com
For further information co	ncerning this matter, please ca	И:	
Angela Name of	Benton Person	at (S50) 6 2 4 Area Code Daytime	Felephone 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 Status & Certified Copy (additional copy is enclosed)

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

Street Address: 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

	Photography Bility Company as it now appears of	our records.)	
The Articles of Organization for this Limited Liabilit	y Company were filed on9	118/18	_ and assigned
This amendment is submitted to amend the following	<u>:</u> :		
A. If amending name, enter the new name of the Benton Photography of the new name must be distinguishable and contain the words. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	More LL Minifed Liability Company," the desig	(.	viation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	2 <u>.</u> A1	200 HA
B. If amending the registered agent and/or regist agent and/or the new registered office address her		ords, enter the name of the na	of the new registered
Name of New Registered Agent:		<u> </u>	ယ —ယ———
New Registered Office Address:	Emer Florida	street address	
<u></u>		Florida	
	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. Thereby 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

Title	Name	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			[]Add
			□Remove
			☐Change
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			□Remove
			□Change

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an effec <u>lote:</u> It	e date, if other than the date of filing:
record is file	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
ated _	5/1/20
	Mr. Dr. Benton
	Signature of a member or authorized representative of a member