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DEC 2.1. 2018

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# **COVER LETTER**

· Div	ision of Corp	orations				
SUBJECT:	McCain's Creations Photographyh LLC					
		Name of Limit	ted Liability Company	<del></del>		
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspond	dence concerning this matter t	o the following:			
		John McCain				
		Name of Limited Liability Company  articles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:  John McCain  Name of Person  McCain's Creations Photography LLC  Firm/Company  100 Point Comfort Rd  Address  Mary Esther, FL. 32569  City/State and Zip Code  johnandnat23@gmail.com  E-mail address: (to be used for future annual report notification)  remation concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number				
		McCain's Creations Photog	raphy LLC			
		rticles of Amendment and fee(s) are submitted for filing.  It correspondence concerning this matter to the following:  John McCain  Name of Person  McCain's Creations Photography LLC  Firm/Company  100 Point Comfort Rd  Address  Mary Esther, FL. 32569  City/State and Zip Code  johnandnat23@gmail.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call:  1859  Name of Person  1866-3822  Area Code  Daytime Telephone Number  1879  1880-000 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed)				
		100 Point Comfort Rd				
McCain's Creations Photographyh LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  John McCain  Name of Person  McCain's Creations Photography LLC  Firm/Company  100 Point Comfort Rd  Address  Mary Esther, FL. 32569  City/State and Zip Code  johnandnat23@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  John McCain  Name of Person  Responsible of Status  See See See See See See See See See Se						
		Mary Esther, FL. 32569				
		<del></del>	City/State and Zip Code	<del></del> -		
		· ·				
		E-mail address: (to	o be used for future annual report notificat	ion)		
For further in	nformation cor	ncerning this matter, please ca	11:			
John McCai	n					
	Name of	<sup>2</sup> erson		lephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy		

## MAILING ADDRESS:

4

TO:

**Registration Section** 

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

. McCain's Creations Photographyn LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L18000240740	mpany were filed on 10/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
McCain's Creations Photography LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		200
Enter new mailing address, if applicable:		当岛
(Mailing address MAY BE A POST OFFICE BOX)		
		The same of the sa
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office addresses.	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Enter r tortua street daaress	
	, Flori	
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

Machine Counting Dhatasanhah LLC

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	Type of Action
			Add
			☐ Remove
			☐ Change
		<del>.</del>	□ Add
			☐ Remove
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			Remove
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			□ Add
			□ Remove
			Add
			Remove

	<del></del>
LEffe	ctive date, if other than the date of filing: (optional) 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 605.0207
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docu	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
<i>0</i> , 11	e sour day area the record is med.
[]ate	d 12-7- 18
Date	d
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00