L18000 249851

(Red	questor's Name)	
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(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

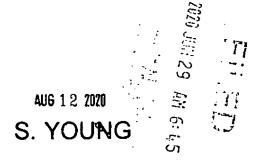
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COVER LETTER

Division of Cor				
Tiara	B. Photography, LLC	•		
SUBJECT: Tiara B. Photography, LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Tiara Yasmin Brown		
	-	Name of Person		
		Firm/Company		
	53 Loblolly Lane			
		Address Midway, FL 32343		
		City/State and Zip Code		
	Т	iaraybrown@gmail.com		
		to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
Тіага Ұа	smin Brown	at (_850_)5	509-2633	
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	ne 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 S		Street Address: Registration Se	ection	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tiara B. Photography, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L18000249851 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Pretti Creative, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Fater 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.

Cirv

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>	<u>Address</u>	Type of Action
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an effective ote: If the	late, if other than the date of edate is listed, the date must be speced date inserted in this block doe effective date on the Departmo	ific and cannot be prior to s not meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) Pure equirements, this date will	uant to 605.0207 not be listed as
record spe is filed.	ecifies a delayed effective date.	out not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The 90t	h day after the
ited	June 17th	. 2020	_·		
		linson.	Bonn		
-	Signatu	re of a mep oer or author	ized representative of a	a member	
		•			
_		Tiara E	Brown I name of signee		<u></u>