

L18000278074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

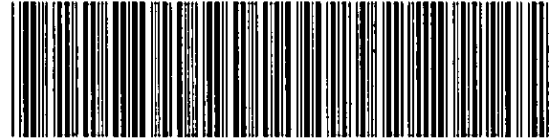
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2/11/21

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Maggie Briggs Photography 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:

Maggie Takrony

Name of Person

Firm/Company

4170 Manor Forest Blvd

Address

City/State and Zip Code

Boynton Beach, FL 33436

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Maggie Takrony

517

395-9353

at ( )

Name of Person

Area Code

Daytime 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 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**

Maggie Briggs 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 12/03/2018 and assigned  
Florida document number 1.18000278074

This amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

Maggie Takrony Photography LLC

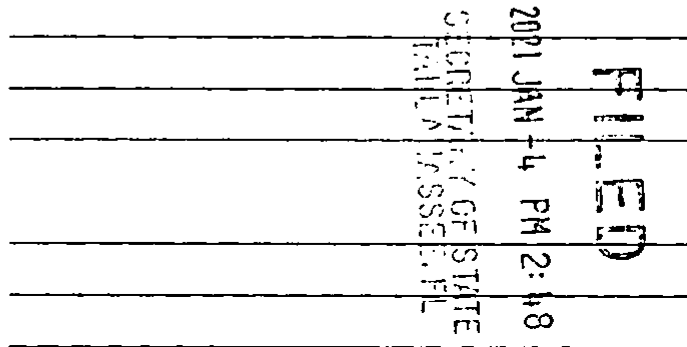
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**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**



**When 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:**

Margaret Mary Takrony

**New Registered Office Address:**

4170 Manor Forest Blvd

Enter Florida street address

Boynton Beach

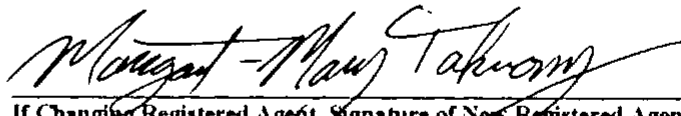
Florida 33436

City

Zip Code

**Registered Agent's Signature, if changing Registered Agent:**

*I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

01/01/2021

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 26 2020

*Margot-Mary Brizzolo*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

**Margaret Mary Briggs**

Typed or printed name of signee

**Filing Fee: \$25.00**