## 118000287114

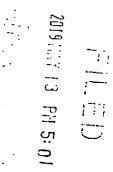
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
4.17.19

Office Use Only



100329207781

05/13/19--01014--015 \*\*30.00



Mame ch

MAY 2 2 2019 I ALBRITTON

## **COVER LETTER**

J. Leigh Ph	otography LLC		
obsect.	Name of Lim	ited Liability Company	
ne enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Jamie Greene		
		Name of Person	
	······································	Firm/Company	
	426 Park Lake Drive		
	Winter Springs, FL 32708	Address	<u> </u>
	photobyjleigh@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please ca	all:	
amie Greene		407 701-2356 at ()	
Name o	f Person	Area Code Daytime	· Telephone Number
nclosed is a check for th	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 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

J. Leigh Photography, LLC					l
( <u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/14/2018	ar	nd assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
Jamie Leigh Photography LLC					
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or th	e abbreviati	on "L.L	C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)				
			21		
			2019 115	-î.	
Enter new mailing address, if applicable:				1 (	
(Mailing address MAY BE A POST OFFICE BOX)			ယ	:	
2			PH	111	
			<u>ᆢ</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		er the n	e <del>nn</del> e o	of the n	ем
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address		<u></u>		
	timer 1 m and sireer address				
	, Florida		<u></u>		
	City	Zip	Code		
New Registered Agent's Signature, if changing Registered	Agent:				ĺ

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> Name **Address** Type of Action □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_\_\_\_ Change ☐ Add ☐ Remove \_□ Change ☐ Remove □ Change □ Add \_□ Remove \_\_ Change □ Add ☐ Remove

☐ Change

_	
_	
_	
·	
_	
fective	e date, if other than the date of filing:
n effect ote: If	ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.
cumen	t's effective date on the Department of State's records.
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
The 9	,
The 9	
The 9	May 8th , 2019.
The 9	May 8th . 2019.
The 9	May 81 , 2019.  May Signature of a monther for althorized representative of a monther
The 9	May 8Th, 2019.  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00