

L18000290580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

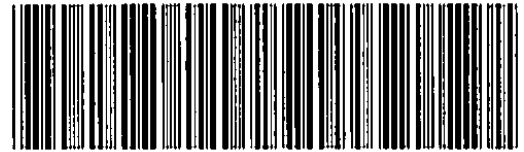
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



50034677687

Doc 29 2018-01-11 10:11

US
8/8/20

SUBJECT: Barefoot Photography LLC
Name of Limited Liability Company

Riley N. Parent
Name of Person

Name of Person

Firm/Company

7011 cobblerwood ct. Tampa, FL 33615
Address

Address

Tampa, FL 33615
City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification)
RyleyParent15@gmail.com

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

Ryley Parent at (202) 510-6231
Name of Person Area Code Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

☒ \$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)

**Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

**TO
ARTICLES OF ORGANIZATION
OF**

Barefoot 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 Dec. 19, 2018 and
Florida document number L18000290580.

This amendment is submitted to amend the following:

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

Iris and Ushin Photography LLC

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

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
agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **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, 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

2021-2022
2021-2022

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

Dated 10/17/2020

2020, _____

 Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Riley N. Parent
Typed or printed name of student

Typed or printed name of signee