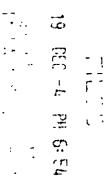
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S. YOUNG

COVER LETTER

) :	Registration Section Division of Corporations
BJE	CT: CALEN J. HERB PHOTOGRAPHY LLC
	Name of Limited Liability Company
e enc	losed Articles of Amendment and fee(s) are submitted for filing.
ase re	eturn all correspondence concerning this matter to the following:
	CALEN HERB
	Name of Person
	CALEN J. HERB PHOTOGRAPHY LLC
	5516 MINUTE MAN CT. Address
	ORLANDO, FC 32821 City/State and Zip Code
	Calensher behoto Ogmail Com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
r furtl	her information concerning this matter, please call:
<u></u>	ALEN HERB at (757) 753-1477 Name of Person Area Code Daytime Telephone Number
	d is a check for the following amount:
\$25	.00 Filing Fee Solution Status Solution Status Certificate of Status Certified Copy (additional copy is enclosed) 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

CALEN J. HERB	PHOTOGRAPHY LLE
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)
Articles of Organization for this Limited Liability Comparrida document number $\frac{419000012433}{}$.	ny were filed on _//10/19 and assigned
s amendment is submitted to amend the following:	
If amending name, enter the new name of the limited lia	ability company here:
new name must be distinguishable and contain the words "Limited Lia	
ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)	55/6 MINUTE MAN CT ORLANDO, FL 3282/
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	55/6 MINUTE MAN CT. ORLANDO, FL 32821
If amending the registered agent and/or registered istered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	LEN HERB MINUTE MAN CT.
New Registered Office Address: 55/6	MINUTE MAN CT. Enter Florida street address
ORLA	NDO Florida 32821 Zip Code
Registered Agent's Signature, if changing Registered Agen	ıt:
	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

pany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
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ffective date is listed. If the date insert	r than the date of filing the date must be specific and ed in this block does not me te on the Department of St	cannot be prior to date of seet the applicable statu	filing or more than 90 day	(optional) is after filing.) Pursuant to 60 is, this date will not be lis	05.0207 sted as
	a delayed effective deer the record is filed.	ate, but not an eff	ective time, at 12	:01 a.m. on the ear	ier o
12/29	# // // // // // // // // // // // // //	2019.			
	/ ./ / /				
	Signature of a rr	nember or authorized repr	esentative of a member		

Page 3 of 3

Filing Fee: \$25.00