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Amend mane

MAY 1 11 2019

I ALBRITTON

COVER LETTER

TO: Registrati Division (n Section Corporations	
	otography LEC	
Somet.	Name of Limited Liability Company	
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.	
Please return all co	espondence concerning this matter to the following:	
	Andre Cormier	
	Name of Person	
	Firm/Company	
	147 8th Ave N Apt 1	
	Address Saint Petersburg, Florida 33701	
	City/State and Zip Code ACA787@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further informa	on concerning this matter, please call:	
Andre Cormier	727 902-3500 ar ()	
,	me of Person Area Code Daytime Telephone Number	
Enclosed is a check	or the following amount:	
■ \$25,00 Filing F	e 🗆 \$30,00 Filing Fee & 🗆 \$55,00 Filing Fee & 🗀 \$60,00 Filing Certificate of Status Certified Copy Certificate of Godditional copy is enclosed) Certified Copy Godditional copy	l'Status & Dy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT T() ARTICLES OF ORGANIZATION OF

	0	F	ويم .
	J		Dears on our records.) ny) Danuary 15, 2019 and assigned
AC Photography LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now app Jability Compar	pears on our records.)
ne Articles of Organization for this Limited I	iability Company	were filed on	ر January 15, 2019 and assigned and assigned
orida document number [1,190000]7194			· · · · · · · · · · · · · · · · · · ·
			•
nis amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	ility company	<u>v here</u> :
old North Properties LLC			
ne new name must be distinguishable and contain the	words "Limited Liabil	ity Company," (the designation "LLC" or the abbreviation "LLLC."
ntor now principal office address if appli	on blo:	147 8th Ave	: N Apt 1
Enter new principal offices address, if applicable:		Saint Petersburg, Florida 33701	
Principal office address MUST BE A STREA	<u>CT ADDRESS)</u>		
Enter new mailing address, if applicable:		147 8th Ave	: N Apt 1
		Saint Petersburg, Florida 33701	
Mailing address MAY BE A POST OFFICE	<u>BUA)</u>		
to an audino the positional agent and	Uan marintanad al	FG	an are married antim the common of the sa
. If amending the registered agent and egistered agent and/or the new registered of			s on our records, enter the name of the n
		_	
Name of New Registered Agent:			
	147 8th Ave N .	Ant 1	
New Registered Office Address:	197 off AVC IV.		Florida street address
	entarity and		
	Saint Petersbur	·	. Florida 33716
		City	Zip Code

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>	<u>Name</u>	Address	Type of Action
			Add
			Change
			Add
			Remove
			Change
		□ Remove	
			Change
			
		Remove	
			Change
		□ Remove	
			Change
		The state of the s	☐ Remove
			☐ Change

The company will primari	ly be a residential apartment management and maintenance company.
There will continue to be	a Photography division.

	<u> </u>
Note: If the date inserted in this	the date of filing:
e record specifies a delay The 90th day after the r	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
Dated May 3	2019
Zacu	
/_	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00