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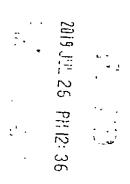
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## **COVER LETTER**

Division of Co		· · · · · · · · · · · · · · · · · · ·	
Country C	Comes to Cape, LLC		
SUBJEC1;	Name of Lim	ited Liability Company	
The surdened Amirles	6.4	min d for filling	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Ellen Hinkle		
		Name of Person	
	Country Comes to Cape, L	LC	
		F: (2)	
	1178 SW 57th St.	Firm/Company	
		Address	·
	Cape Coral, FL 339		
	ellen.hinklc@outlook.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please c	all:	
Ellen Hinkle		803 206-1039	
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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Country Comes to Cape, LLC

2019 JUL 26 PM 12: 36

(A Florida I	Limited Liability Company)	AL.
The Articles of Organization for this Limited Liability Co	ompany were filed on January	17, 2019 and assigned
Florida document number L19000018924	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Ellen Hinkle Photography, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	reet address
<u></u>		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

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
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ective date, if other than the defective date is listed, the date multe: If the date inserted in this blument's effective date on the D	st be specific and cannot be prior ock does not meet the applic	r to date of filing or more that cable statutory filing requ	(optional) n 90 days after filing.) Pursuant to 605, irements, this date will not be liste
record specifies a delayed he 90th day after the rec		ot an effective time,	at 12:01 a.m. on the earlie
ed July 24th	2019		
Eller	Hinher	orized representative of a m	
	Signature of a member or auth	onzed representative of a m	ember

Page 3 of 3

Filing Fee: \$25.00