L19000044731

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pflone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor		•		
ATTEMPTED AND A STATE	Photography, LLC		•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Caroline Heumann Field	I		
		Name of Person		
	Heumann Photography,	LLC		
		Firm/Company		
	2770 Sabal Alexander C	Circle, Apartment Number 326		
		Address		
	Longwood, FL 32779			
		City/State and Zip Code		
	info@heumannphoto.com			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	illication)	
Caroline Heumann Fie	-	561 568-8933		
Name o	f Person	at () Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration !		<u>Street Address:</u> Registration So	ection	
Division of Corporations		Division of Ce	Division of Corporations	
P.O. Box 632		The Centre of		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Heumann Photography, LLC

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(Name of the Limited I	Liability Compa Florida Limited	iny as it now appears on our records.) Lability Company)	
The Articles of Organization for this Limited Liabi Florida document number L19000044731	ility Company	were filed on February 13, 2019	and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of th	e limited li <u>ab</u>	ility company here:	
Heumann Studio, LLC			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2770 Sabal Alexander Circle	
		Apartment Number 326	
		Longwood, FL 32779	
Enter new mailing address, if applicable:		2770 Sabal Alexander Circle	
(Mailing address MAY BE A POST OFFICE BOX)		Apartment Number 326	
		Longwood, FL 32779	
name of New Registered Agent:			ie of the new registered
New Registered Office Address:		Enter Florida street address	
		ru - i	
-		Florida	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>	Name	Address	Type of Action
MGR	Caroline Heumann Field	2700 Sabal Alexander Circle	□Add
		Apartment Number 326	□Remove
		Longwood, FL 32779	
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			<u> </u>
			[]Remove
		<u></u>	□Change

Curr	ent Email: info@heumannphoto.com
New	Email: info@heumannstudio.com
· - ·	
<u>ote:</u> Hith	date, if other than the date of filing:
ecord sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
nted	·
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00