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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: C-Inage Photography LLC Name of Limited Liability Company
he enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Harry Cortes Name of Person
C-Image Photography LLC
18721 SW 28th C+
Miramor, Fl. 33029 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Harry Cortes at (984) 608-6156 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & 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

	aphy LLC.
(Name of the Limited Liability Company as it you (A Florida Limited Liability Com	mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L1900056997</u> .	d on Feb. 27, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	COCTARIAN T
Enter new mailing address, if applicable:	5 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
Mailing address MAY BE A POST OFFICE BOX)	m
	70 0
	
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
E	Inter 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

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 Title Name Address **Type of Action** Harry H. Cortes MGR 18721 SW 28th st 1870 Miramar, F1. 33029 ☐ Remove _□ Change Natalie Pereck Cortes 18721 SW 28th Ct MGR Mirgmar, Fl. 33029 ☐ Remove Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change □ Remove Change _□ Remove □ Change

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. Effecti	ve date, if other than the date of filing: (optional)
Note:	etive 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 605.0207 (3 x) of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	March 14 2019
	Hamy H. Cinter
	Signature of a member or authorized representative of a member
	Hoccy H Coales
	Typyd or printed pame of signee

Page 3 of 3

Filing Fee: \$25.00