

L19000066469

(Requestor's Name)	
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(Address)	
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(Address)	
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(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

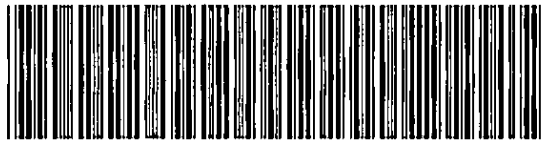
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2022

DON BIROSCHIK
35 KNIGHT BOXX RD. STE. 4
ORANGE PARK, FL 32065

SUBJECT: ANCIENT CITY WEDDING COMPANY, LLC
Ref. Number: L19000066469

We have received your document for ANCIENT CITY WEDDING COMPANY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 422A00028714

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ancient City Wedding Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/08/19 and assigned
Florida document number L19000066469.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jess Killen It Photography, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

115 Sunland Drive

Satsuma, FL 32189

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

115 Sunland Drive

Satsuma, FL 32189

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

2019 MAR 10
S: 11:10
TAL: 11:10
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

(If an effective 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Douglas L. Brumbaugh

Typed or printed name of signee

Filing Fee: \$25.00