L19000067582

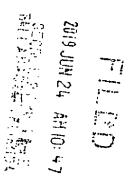
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COVER LETTER

Division of Cor	porations		
2 T T T T T T T T T T T T T T T T T T T	by Cherilyn, LLC		٠.
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Cherilyn Nocera-Newland	I	
	Portraiture by Cherilyn, L.	Name of Person LC	
	4444 Berkshire Rd	Firm/Company	
	Saint James City, Fl 33956	Address	
	noceraphoto@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	ali:	
Cherilyn Nocera-Newland		239 691-7035 at () Area Code Daytime	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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:

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Registration Section

TO:

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

TO ARTICLES OF ORGANIZATION OF

Portraiture by Cherilyn, 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 and assigned Florida document number L19000067582 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 , Florida City 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name Cherilyn Nocera-Newland	Address 4444 Berkshire Rd	Type of Action
MGR		Saint James City, Fl 339956	Add
			Remove
			Change
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E Effort	tive date, if other than the date of filing: (optional)	
(If an ef	fective 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 605.02	07 (3)(
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed:	as the
docun	ment's effective date on the Department of State's records.	
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier is 90th day after the record is filed.	of:
(D) THE	e soul day after the record is med.	
Dated	Auge 21 5t 2019	
Dateu	$\frac{-\gamma \omega c}{c}$, $\frac{\gamma \omega c}{c}$.	
	Charles Makes	
	Aute 31 5th 2019 Charlyn Nicea - Medail Signature of a member or authorized representative of a member	
	Cherilyn Nocera-Newland	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00