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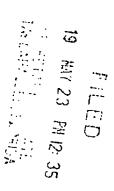
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| Certified Copies C               | Certificates of Status |
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| Special Instructions to Filing C | Officer:               |
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Office Use Only



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O SIMMONS
MAY 31 2019



April 6, 2019

STEPHANIE HERNANDEZ 14440 SW 145TH PL MIAMI, FL 33186

SUBJECT: S&N PHOTOBOOTH FUN LLC

Ref. Number: L19000068041

We have received your document for S&N PHOTOBOOTH FUN LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 619A00006915

RECEIVED MAY 2 3 2019

## **COVER LETTER**

| то:           | Registration Se<br>Division of Cor |   |   |   |
|---------------|------------------------------------|---|---|---|
| CHD II        |                                    | booth Fun LLC                                   |   |   |
| SUBJE         |                                    | Name of Lin                                     | nited Liability Company   | <del></del>   |
| The en        | closed Articles of                 | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please        | return all correspo                | ondence concerning this matter                  | to the following:   |   |
|               |                                    | Stephanie Hernandez                             |   |   |
|               |                                    | S&N Photobooth Fun LLC                          | Name of Person  | <del></del>   |
|               |                                    | 14440 SW 145th Place                            | Firm/Company  |   |
|               |                                    | Miami, FL 33186                                 | Address   | <del></del>   |
|               |                                    |   |   |   |
|               |                                    | E-mail address: (                               | to be used for future annual report notif                           | ication)  |
| For furt      | ther information c                 | oncerning this matter, please c                 | all:  |   |
| Stephai       | nie Hernandez                      |   | 305 972-1944  |   |
|               | Name o                             | f Person  | at () Area Code Daytime   | Telephone Number  |
| Enclose       | ed is a check for th               | ne following amount:                            |   |   |
| <b>■</b> \$25 | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

S&N Photobooth Fun LLC

| (A Florida Lim  | ited Liability Company)  |
|---|--|
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L19000068041</u> .   | pany were filed on 03/11/2019 and assigned   |
| This amendment is submitted to amend the following:   | 23 -   |
| 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 "LLC" or the abbreviation "L.E.C."   |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRES.  | <u>S)</u>  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent: | P.O. BOX 430033  MIGMI, F1 331243  ed office address on our records, enter the name of the new here:   |
| New Registered Office Address:  |  |
|   | Enter Florida street address   |
|   | , Florida  |
| New Registered Agent's Signature, if changing Registered Ag   | , , , , , , , , , , , , , , , , , ,  |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp  | agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is |
| 11  | 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 Actio   |
|--------------|---------------------|---|
| AMBR         | Nicole Cueto        | 7400 SW 82nd St. Apt K408  Miami, FL 33143  ————————————————————————————————— |
|              |                     | P. 0 BOX 430033 Add Remove<br>Miami, Fl 33243                                 |
|              |                     |   |
| AMBR         | Stephanie Hernandez | 14440 SW 145th Place<br>Miami, FL 33186 PLMOUL TAdd                           |
|              |                     | P. 0 BOX 430033 C Remove Miami & 331243                                       |
|              |                     | Change  |
| MGR          | Monica Jimenez      | 14440 SW 145th Place Miami, FL 33186  □ Add                                   |
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| fective date   | , if other than the date  | e of filing:         |                                       |                       | (optional)                                    |                                      |
| ote: If the da | e is listed, the date must be s<br>te inserted in this block of | loes not meet the    | applicable statut                     | ory filing requireme  | ays atter filing.) Pur<br>nts, this date will | suant to 605,020<br>not be listed as |
| cument's effe  | ective date on the Depart                                       | ment of State's re   | cords.                                |                       |   |                                      |
| record sno     | ecifies a delayed eff   | ective date in       | ut not an effe                        | ctive time at 1       | 2:01 a.m. on t                                | ho carlier o                         |
| The 90th d     | ay after the record   | is filed.            | at not an ene                         | ective time, at 1.    | 2.01 8.111. 011 1                             | ine earner o                         |
| March 2        | 6   | 2019                 |                                       |                       |   |                                      |
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|                |   | /                    | Tuck                                  | Dr.                   |   |                                      |
|                |   | <del></del>          | J CARLETT                             | sentative of a member | <del> </del>                                  | <del></del>                          |
| -              | Sign  | ature of a member of | raumonzeu jepre                       | semance of a member   |   |                                      |
| Step           | Sign<br>hanie Hernandez   | ature of a member (  | Phainonzed Jepig                      | ()                    | indez   | 5/17/                                |

Page 3 of 3

Filing Fee: \$25.00