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(Cit	y/State/Zip/Phone	e #)			
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COVER LETTER

		istration Secti ision of Corpo				
		Nata Salvatori	i Photography, LLC		,	
SUBJEC	CT:			•		
The encl	osed	Articles of Ar	mendment and fee(s) are subs	nitted for filing.		
Please re	eturn	all correspond	lence concerning this matter	to the following:		
			Renata Salvatori			
	Name of Person					
	Nata Salvatori Photography					
	Firm/Company					
	56 Ghillie Brogue Ln					
				Address		
	Saint Johns, FL 32259					
			halla@nanhatahaah	City/State and Zip Code		
	hello@nsphotobook.com E-mail address: (to be used for future annual report notification)					<u>n)</u>
For furth	ner in	formation con	cerning this matter, please ca	di:		
Renata Salvatori				4	0-8588	
Name of Person		at () Area Code	Daytime Telep	phone Number		
Enclosed	i is a	check for the	following amount:			
\$25 .	.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street A	ddress:			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Nata Salvatori Photography, 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 05-09-2019 and assigned Florida document number 83-4696400 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NS Photobook, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation LLC 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 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

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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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			THANK IN STANK
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			□ Change
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Typed or printed name of signce