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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TINTOS INTERNATIONAL LLC

Account Number : 120150000068 Phone : (407)731-4498 Fax Number : (407)982-7123

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A&A PHOTOGRAPHY STUDIO, LLC

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T. LEMIEUX

OCT 1 1 2022

company has been notified in writing of this change.

To:

H22000345288 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&A PHOTOGRAPHY STUDIO			
(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now uppears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number <u>L19000118304</u>	.iability Compan	y were filed on 05/01/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited lia	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	sility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREA	ET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or		N/A address on our records, enter the nan	ne of the new registe
agent and/or the new registered office addre	ess here:	<u> 4</u>	<b>3</b> 22
Name of New Registered Agent:	N/A		)22 (
	-		- ' - ' - ' - ' - ' - ' - ' - ' - ' - '
New Registered Office Address:		Enter Florida street address	LEO PH
		, Florida	-ZipCodow
New Registered Agent's Signature, if changing	Registered Agent	<u>!:</u>	%II 22 : 22
I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete sistered agent as	e performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is

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

To:

Title	Name	Address	Type of Action
MGR	ARLETYS CASTELLON	933 GRAN PASEO DR	□Add
		ORLANDO FL, 32825	□Remove
AMBR	ARLETYS CASTELLON	933 GRAN PASEO DR	■Add
		ORLANDO FL, 32825	
			□Change
AMBR	LAUREN E VAZQUEZ JIMENEZ	933 GRAN PASEO DR	■Add
		ORLANDO FL, 32825	□Remove
			□ Change
MGR	LAUREN L VAZQUEZ JIMENEZ	933 GRAN PASEO DR	■Add
		ORLANDO FL. 32825	□Remove
			☐ Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	Change

To:

D. If amending any other inform N/A	•			
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applic	to date of filing or more than able statutory filing requi	(optional)  190 days after filing.) Pursuant to 605.0 rements, this date will not be listed	0207 (3)( d as the
fithe record specifies a delayed effect record is filed	tive date, but not an effective ti	me, at 12:01 a.m. on the o	earlier of (b). The 90th day after	the
Dated	2022			
izaiçu	,	- H~		
	Signature of a member or author	orized representative of a me	mber	

Typed or printed name of signee