

L19000118983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

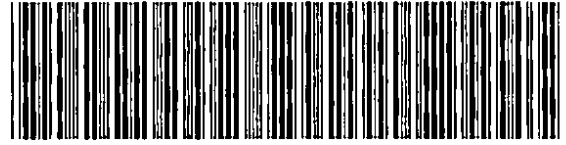
(Business Entity Name)

(Document Number)

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19 JUL - 1 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gentle Prospective Photography LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Patrick

Name of Person

Gentle Prospective Photography LLC

Firm/Company

3213 Indiana Ct.

Address

Fort Pierce FL 34947

City/State and Zip Code

Empeace91@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Patrick

772 418-7945
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

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

Gentle Prospective 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 05/01/19 and assigned
Florida document number L19000118983.

This amendment is submitted to amend the following:

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

Gentle Prospective 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Crabtree	3213 Indiana ct. Fort Pierce, FL. 34947	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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19 JUL - 1 PM 8:03
SECURITY STATE
FALL AND SPRING FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28th 2019

 Signature

Signature of a member or authorized representative of a member

Erica Patrick

Typed or printed name of signee