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COVER LETTER

SUBJECT: CRAIC	5. PINDER PI	-DTOGRAPHY LL ited Liability Company	<u>C</u>	
		, , ,		
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<u>CRAIG</u>	PINDER Name of Person		
		Name of Person	-	
	CRAIG PINT	DER PHOTOGRAPH	17 LLC	
	1800 N. CONGRI	ESS AVE. APT. 350 Address	8	
		ridaress		
	BOYNTON BI	EACH, FLORIDA 3 City/State and Zip Code	33426	
	CHPMEDIAPEO E-mail address: (1	DUCTIONS@GMAIL to be used for future annual report	notification)	
For further information co	oncerning this matter, please ca	all:		
CRAIG P	NDER	at (<u>954</u>) <u>394</u> Area Code Da	-2461	
Name of	Person	Area Code Da	ytime Telephone Number	
Enclosed is a check for th				
□ \$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: Registration Section		Street Address: Registration Section		
Division of Corporations			Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENUMENT TO

ARTICLES OF ORGANIZATION **OF**

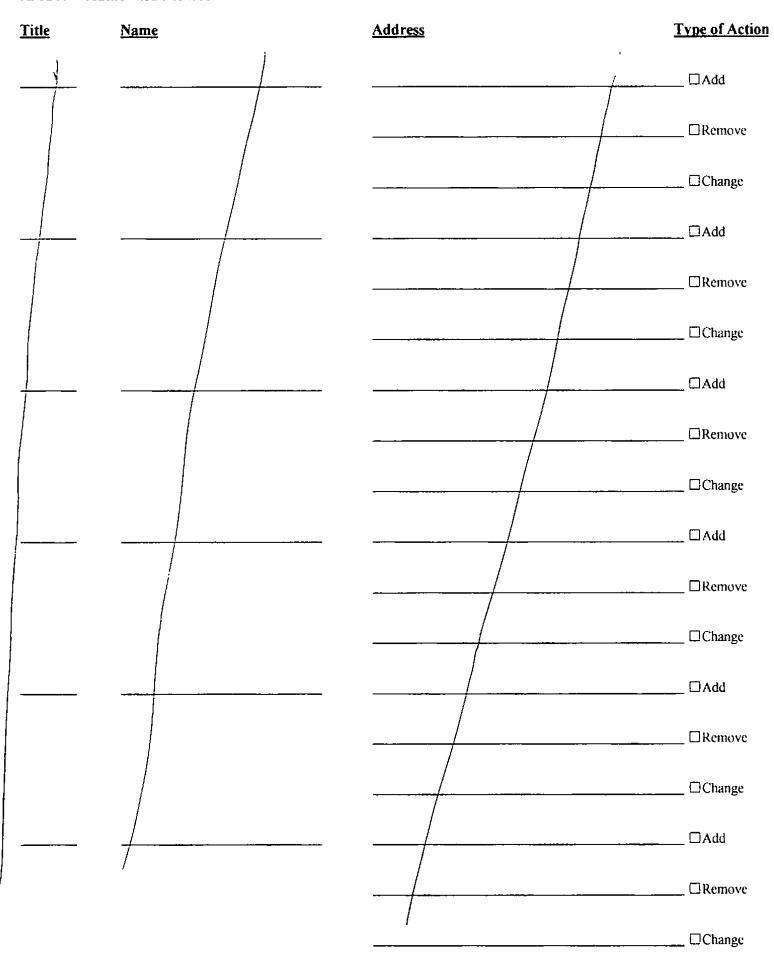
)RGANIZATI(JN //
0	F	2023
CRAIG PINDER PHOTOGIA (Name of the Limited Liability Compa (A Florida Limited I	RAPHY LLC iny as it now appears on Liability Company)	ON 2023 JUN 13 AM 7:42
he Articles of Organization for this Limited Liability Company	were filed on MA	1 20, 2019 and assigned
lorida document number <u>L 19000134835</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
CHP MEDIA PRODUCTIONS LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	nation "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: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
3. If amending the registered agent and/or registered office a	address on our reco	rds, enter the name of the new regi
Name of New Registered Agent:		
	Enter Florida .	
	Enter Florida . Cipi	street address, Florida Zip Code

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 at or removed from our records:

MGR = Manager AMBR = Authorized Member



Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

-	BUSINESS ACTIVITIES TO INCLUDE PHOTOGRAPHY, VIDEOGRAPHY,
_	BLOGGING, VLOGGING, SOCIAL MEDIA POSTS (INCLUDING POSTS ON
_	YOUTUBE, INSTAGRAM, FACEBOOK ETC.), PRODUCT REVIEWS, ETC-
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE 10TH , 2023 .
	Signature of a member or authorized representative of a member
	CRAIG PINDER Typed or printed name of signee

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