## 619000138176

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Byrd Photo	Graphy LLC		
	Amendment and fee(s) are sub	•		
	Corinne Jara	CZName of Person		
	Cori Byrd Ph	otography, LLC		
	1271 Stadt F	Rd. NW Address		
		FL 32907 City/State and Zip Code		
	Cori @ Cori by E-mail address: (	yrd . com to be used for future annual report notific	ation)	ع کے مصر ال
For further information ec	oncerning this matter, please c	all:		
	Jaracz	at ( <u>815</u> ) <u>258-7</u> Area Code Daytime T	812	7 (COR
Name of		Area Code Daytime T	Telephone Number	P PHIS: 31
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 I Certificate of Certified Copy (additional copy)	C2 Fee, Status & y
Registra	NG ADDRESS: ation Section t of Corporations	STREET/COURIE Registration Section Division of Corporat		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tography, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	nany af it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on May 22, 2019 and assigned Florida document number <u>L19000138176</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		<b>6</b> 67		
	<u> </u>			
		イ ジャ つ - ウンE		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				
		3 TEL		
		<i>₩</i>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new		
registered agent and/or the new registered writer address ner	<u> </u>			
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	<u>!:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and I am provided for in Chapter 605, F.S. Oi	familiar with and r, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO, AP	Corinne J. Jaracz	1271 Stadt Rd. NW Palm Bay, FL 32907	M Add
			☐ Remove
			Change
<del></del>			🗖 Add
			□ Remove
			Change
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(If an effective date is listed Note: If the date insert	than the date of filing:
If the record specifies (b) The 90th day aft	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: er the record is filed.
Dated June (	8th 2019
	Signature of a member of Authorized representative of a member
	Corinne J. Jaracz
<del></del>	Typed or printed name of signee

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Filing Fee: \$25.00