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COVER LETTER

Division of Co	orporations		
Cori Byrd	Photography, LLC		
SUBJEAT:	Name of Limi	ted Liability Company	
The enclosed Articles of	(Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter (o the following:	
	Corinne Jaraez		
		Name of Person	
	Cori Byrd Photography, LL	С,	
		Firm/Company	
	1271 Stadt Road NW		
		Address	- 1,
	Palm Bay, FL 32907		
		City/State and Zip Code	
	cori@coribyrd.com		/
	E-mail address: (to	be used for future annual report notif	ication)
For further information of	concerning this matter, please cal	1:	
Corinne Jaraez		815 258-7872	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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)

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations
Clifton Building
266) Executive Center Circle Tallahassee, FL 32301

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

any as it now appears on our records Liability Company)	
Articles of Organization for this Limited Liability Company were filed on May 22, 2019 da document number 1.19000138176	
bility company here:	
ility Company," the designation "ELC"	or the abbreyiation L.L.C."
n/a	15 15 TH
	Martine Company
n/a	SE S
	ਂ ਜੀ ₹
	enter the name of the
Futer Florida street address	
Enter 1 norma societado est	
, Flor	rida Zip Code
	bility company here: ility Company," the designation "LLC" n/a n/a ffice address on our records, re:

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

Zip Code

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>	Name Zachary J Costello	Address 1271 Stadt Rd. NW	Type of Action
		Palm Bay, FL 32907	
			Remove
	Corinne J Jaracz	1271 Stadt Rd. NW	Change
MGR	——————————————————————————————————————	Palm Bay, FL 32907	
			□ Remove
			Change
			
			Remove
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			☐ Change
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			☐ Change
			Remove

									
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			Charle Mark	VIA III	(1/1/1//				

Page 3 of 3

Filing Fee: \$25.00