119000/43800

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COVER LETTER

Division of C	Section Corporations			
CAVAN SUBJECT:	AH PHOTOGRAPHY, LLC			
	Name of Li	imited Liability Company		
The enclosed Articles	of Amendment and fee(s) are st	ibmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
	STEVEN CAVANAH			
		Name of Person		
	CAVANAH D.	ARKROOM, LLC		
	Firm/Company 8607 W KNIGHTS GRIFFIN ROAD			
	PLANT CITY, FL	Address		
	INFO@STEVENCAVAN			
For first - i.e.		(to be used for future annual report noti	fication)	
	concerning this matter, please of	all:		
STEVEN CAVANAH		813 6414335 at ()		
Name	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for	the 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)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAVANAH PHOTOGRAPHY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(**************************************	2 Emilieu Emonity Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 5/30/19	and assigned
Florida document number L19000143800		and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limi	ited liability company here:	
CAVANAH DARKROOM, LLC	The second secon	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office addroses agent and/or the new registered office addroses agent. Name of New Registered Agent:	ered office address on our record ess here:	s, enter the name of the nev
New Registered Office Address:		
	Enter Florida street addres	75
	Fl	orida
		orida
New Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent an orovisions of all statutes relative to the proper and consecept the obligations of my position as registered ageoring filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, an	nd I am familiar with and
	If Changing Registered Agent, Signature of	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> Name <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change _□ Add _□ Remove

☐ Change

-	
-	
ffective d	late, if other than the date of filing:(optional)
	e date inserted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, a date inserted in this block does not meet the applicable statutory filing requirements, this date will need by live.
ocument's	effective date on the Department of State's records.
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
ine 90t	h day after the record is filed.
ated	JUNE 12, 2019.
-	Signature of a member or authorized representative of a member
	STEJEN CAVANAH Typed or printed name of signee
_	

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Filing Fee: \$25.00