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| (Requ                       | estor's Name)   |             |
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| PICK-UP                     | MAIT            | MAIL        |
| (Busir                      | ness Entity Nan | ne)         |
| (Docu                       | ment Number)    |             |
| Certified Copies            | Certificates    | s of Status |
| Special Instructions to Fil | ing Officer:    |             |
|                             |                 |             |
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# **COVER LETTER**

Tallahassee, FL 32314

|                 | Registration S<br>Division of Co |  |   |  |
|-----------------|----------------------------------|--|---|--|
| SUBJEC          |                                  | oulf Coast LLC                                     |   |  |
| SUBJEC          | -1: <u> </u>                     | Name of Lim  | ited Liability Company  |  |
| The encl        | osed Articles of                 | Amendment and fee(s) are sub                       | mitted for filing.  |  |
| Please re       | cturn all corresp                | ondence concerning this matter                     | to the following:   |  |
|                 |                                  | Jennifer Jones                                     |   |  |
|                 |                                  | <del>- , - , , , , , , , , , , , , , , , , ,</del> | Name of Person  |  |
|                 |                                  | FotoBus Gulf Coast LLC                             |   |  |
|                 |                                  |  | Firm/Company  | <del> </del>   |
|                 |                                  | 615 47th St W                                      |   |  |
|                 |                                  |  | Address   |  |
|                 |                                  | Palmetto, FL 34221                                 |   |  |
|                 |                                  |  | City/State and Zip Code   | · · · · · · · · · · · · · · · · · · ·  |
|                 |                                  | jen.jones@moxyinternation<br>E-mail address: (     | ial.com<br>to be used for future annual report not                        | ification)   |
| For furth       | ner information                  | concerning this matter, please c                   | <u>-</u>  | ,  |
| Jennifer        | Jones                            |  | 407 9256708   |  |
|                 | Name                             | of Person  | at () Area Code Daytin  | ne Telephone Number  |
| Enclosed        | i is a check for t               | the following amount:                              |   |  |
| <b>= \$</b> 25. | .00 Filing Fee                   | ■ \$30,00 Filing Fee & Certificate of Status       | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|                 | Mailing Addre                    |  | Street Address:   | nation   |
|                 | Registration<br>Division of 0    |  | Registration Se<br>Division of Co   |  |
|                 | P.O. Box 633                     |  | The Centre of   |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>.iability Company) |                            |
|---|---|----------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 1.19000192466 | were filed on July 29, 2019                                 | and assigned               |
| This amendment is submitted to amend the following:   |   |                            |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                            |
| The FotoBus Company LLC   |   |                            |
| The new name must be distinguishable and contain the words "Limited Liabil                            | ity Company," the designation "LLC" or the                  | he abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:   | <u></u>   |                            |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                            |
|   |   |                            |
|   |   |                            |
| Enter new mailing address, if applicable:   |   |                            |
| Mailing address MAY BE A POST OFFICE BOX)   |   |                            |
|   |   | 202<br>SE<br>AL:           |
| B. If amending the registered agent and/or registered office a  |   |                            |
| B. If amending the registered agent and/or registered office a  | address on our records, enter the i                         | name of the new registered |
| agent and/or the new registered office address here:  |   | 5                          |
|   |   | : = [                      |
| Name of New Registered Agent:   |   |                            |
| New Products of Office Address  |   | 0<br>20<br>20              |
| New Registered Office Address:  | Enter Florida street address                                |                            |
|   | , Florida   | 1                          |
|   | City  | Zıp 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>      | Address              | Type of Action |
|--------------|------------------|----------------------|----------------|
| MGR          | Karen Jones      | 1212 13th St.        | <b>=</b> Add   |
|              |                  | Palmetto, FL 34221   | □Remove        |
|              |                  |                      |                |
| MGR          | Gregory Palvisak | 537 Nina Lane        |                |
|              |                  | Hood River, OR 97031 |                |
|              |                  | <del></del>          | Change         |
|              | -                |                      | □Add           |
|              |                  |                      | Remove         |
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|   |                         |                        |                      |                                       |                  |
|   | Mari                    | ch 2, 2020             |                      |                                       |                  |
| Fective date, if other than the<br>an effective date is listed, the date mu | date of filing:         | he prior to date of fi | ling or more than 90 | (optional)                            | irsuant to 605 0 |
| ote: If the date inserted in this becument's effective date on the D        | lock does not meet the  | applicable statute     | ory filing requiren  | ents, this date wil                   | I not be listed  |
| cament's effective date on the B  | eparanent of State's in | ccords.                |                      |                                       |                  |
| record specifies a delaye   | d effective date, b     | out not an effe        | ctive time, at       | 12:01 a.m. on                         | the earlier      |
| The 90th day after the rec  |                         |                        | •                    |                                       |                  |
| March 2   | 2020                    | )                      |                      |                                       |                  |
| ated  | <u></u> ,               | ·                      |                      |                                       | $\overline{}$    |
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