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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/Otate/Zip/ Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

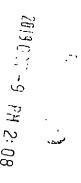
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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Star Lights Photography LLC					
SUBJECT.		Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Solomon Akpewero				
			Name of Person	· <u> </u>		
		Star Lights Photography L	LC			
			Firm/Company			
		1338 Foxboro Dr.				
			Address			
		Brandon FL 33511				
		Dh. starstadi. shta Quannil ann	City/State and Zip Code			
		Photostarlights@gmail.com E-mail address: (to be used for future annual report notifi	ication)		
For further in	nformation c	oncerning this matter, please ca				
Solomon Ak	tpewero		813 431-1151			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	rchoek far ti	ie following amount:				
			□ \$55.00 100m, Exx. %	□ \$60.00 UHing Use		
≡ \$25,00 F	ning ree	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

· TO:

Registration Section

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



September 14, 2019

SOLOMON AKPEWERO 1338 FOXBORO DR BRANDON, FL 33511

SUBJECT: STAR LIGHTS PHOTOGRAPHY LLC

Ref. Number: L19000195237

We have received your document for STAR LIGHTS PHOTOGRAPHY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00019052

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

Star Lights Photography LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 31, 2019 and assigned Florida document number ______119000195237 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby 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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Solomon Akpewero	1338 Foxboro Ðr.	Add
		Brandon FL 33511	
			☐ Change
VP	Everett Lewis	8676 Key Royale In. apt 303	□ Add
		Tampa FL 33614	- D
		-	Change
MGR	Charlie Williams Jr.	7121 Flounder Dr.	
		Tampa FL 33617	≅ Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change
		 	□ Add
			☐ Remove
			☐ Change

amending any other information	•				
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				<u></u>	
	N-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
ective date, if other than the	date of filing:		(op	tional)	
effective date is listed, the date mus	t be specific and cannot be pri	or to date of filing o	r more than 90 days aft	er filing.) Pursuant to 605	.0207
te: If the date inserted in this blo ument's effective date on the Do	epartment of State's record	ls.	ing requirements, ti	ns date will not be fist	eu as
record specifies a delayed		not an effective	e time, at 12:01	a.m. on the earlie	er of
he 90th day after the rec	ord is filed.				
September 3,	2019				
September 3, ed	·	·			
Q AL					
D-+11	Signature of a member or an	thorized representat	ive of a member		
Solomon Akpewero					
	*17.5	nted name of signed			

Page 3 of 3

Filing Fee: \$25.00