L19000207915

. (Re	questor's Name)	
(Ad-	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			•
CHRACA		PHOTOBOOTH & ENTERT.	AINMENT, L.L.C.	
SUBJEC	-I: <u> </u>	Name of Lim	nited Liability Company	****
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		KAREN FREIRE		
			Name of Person	
		РКЕМО РНОТОВООТН	& ENTERTAINMENT, LLC	
		<u></u>	Firm/Company	
		49 N. FEDERAL HWY, #	280	
			Address	
		POMPANO BEACH, FL	33062	
			City/State and Zip Code	
		PREMOPHOTOBOOTH@		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
KAREN	FREIRE		201 466-6247 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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

PREMIER PHOTOBOOTH & ENTERTAINMENT,		4- \
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	<u>coras.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 08/14/2019	and assigned
lorida document number £19000207915		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
PREMO PHOTOBOOTH & ENTERTAINMENT, L.L.C.		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F 7 6
Principal office address MUST BE A STREET ADDRESS)		S S
		ω η
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		β ω
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		7: 13
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street ada	dress
		Florida
	City	Zip 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🖸 Remove
			□ Change
 -			Add
			□ Remove
			☐ Change
			
			Remove
			C Change
<u>.</u>			D Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change

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	08/14/2019
lf an efi <u>Note:</u>	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	<u> </u>
	- Scaren Joers 9/13/19
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00