L19 CCC 2216416

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
POP the vo	ows LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alea E Edwards		
		Name of Person	
	Fun Love Photos LLC		1
		Firm/Company	····
	169 Washington Ave		
		Address	
	Lake Mary/FL 32746		
		City/State and Zip Code	
	funlovephotos@gmail.com		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	lication)
Alea E Edwards		848 4596438	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he 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 Addres	-	Street Address:	A *
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

2021 FEB 11 AM 7: 21

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PO	P	the	WINDS	I	I	~

company has been notified in writing of this change.

(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 I Florida document number L19000221846	Liability Company wer	re filed on	9	and assigned
This amendment is submitted to amend the fol				
A. If amending name, enter the new name of	of the limited liability	company here:		
Fun Love Photos LLC				
The new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation	on "LLC" or the abbrev	iation "I.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE				
	_			1
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			ı
B. If amending the registered agent and/or agent and/or the new registered office address.		ress on our records.	, enter the name of	the new registered
Name of New Registered Agent:	THOU E EGWARDS			·····
New Registered Office Address:	169 Washington Av			
		Enter Florida stree	t address	
	Lake Mary		Florida	
		City	2	Tip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register	ed agent and agree to	o act in this capaci	ty. I further agree t	to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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

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 2021 FEB 11 AM 7: 24 AMBR = Authorized Member Title Name Address **Type of Action** □Add Remove □Add □ Remove __ ___ DAdd _____ DChange _____ □Add

Page 2 of 3

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ective date, if other than the date of fili effective date is listed, the date must be specific and lift the date inspected in this block date are	ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
ument's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be list of State's records.
record specifies a delayed effective ne 90th day after the record is filed	e date, but not an effective time, at 12:01 a.m. on the earli d.
January 28 ed	2021
	460
Signature of	a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00