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(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Elida Wall	ack Photography LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elida Wallack		
		Name of Person	
	E Wallack Ventures LLC		
		Firm/Company	
	9342 Tibet Pointe Circle		
		Address	
	Windermere, FL 34786		
	toopsy2@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	all:	
Joshua Wallack		786 2462621	
		at ()	l'elephone Number
Name o	f Person	Area Code Daytime	elephone Number
Enclosed is a check for the	ne 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)

TO:

Registration Section Division of Corporations

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ACK PHOTOGRAPHT LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our r a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C L19000233299 Florida document number	Company were filed on September	15, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
E Wallack Ventures LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8.0
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our records, <u>e</u>	nter the name of the new regis
New Registered Office Address:		
_	Enter Florida street a	nddress
		_, 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 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>	<u>Address</u>	Type of Action
MGR	Joshua Wallack	9342 Tibet Pointe Circle Windermere, Fl 34786	
			= Add
		-	□Remove
			□Change
		,	□Add
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	Jun	e 15, 2020			
ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	st be specific and cannot lock does not meet the	be prior to date of f applicable statut	iling or more than 90	(optional)) days after filing.) Pursiments, this date will r	uant to 605,020 not be listed a
cord specifies a delayed effective filed.	e date, but not an effe	ective time, at 12:	01 a.m. on the ear	lier of: (b) The 90th	n day after the
June 19	202	.0			
ed	da / d Signature of a member	lack			