## L19000237391

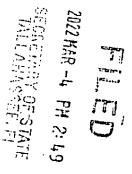
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A. BUTLER MAR 1 8 2022

## **COVER LETTER**

Division of Corporations						
SUBJECT: <u>Jessica Watson Photography</u> Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are sui	bmitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
	essica Watson Name of Person					
Jessic	a Watson Photo Firm/Company	graphy				
916 Coastal	Hammock Auen Address	·ue				
Rus	City/State and Zip Code					
Hello Q ella E-mail address:	and emmy, com	cation)				
For further information concerning this matter, please of	call:					
Jessica Wadson Name of Person	at (777) 4118 - S Area Code Daytime	i elephone Number				
Enclosed is a check for the 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 Address: Registration Section	<u>Street Address:</u> Registration Sect	ion				

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Jessica Watson Ph	0+0graphy,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our two file.  SECRETALY OF STATE
The Articles of Organization for this Limited Liability Company	were filed on 9/14A/2SEE. Ind assigned
Florida document number <u>L19000237391</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
	Ella and Enny Photography, Lity Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	916 Coastal Hammoch Ave.
(Principal office address MUST BE A STREET ADDRESS)	Ruskin, FL 33570
Enter new mailing address, if applicable:	916 Coastal Hammock Ave.
Mailing address MAY BE A POST OFFICE BOX)	Ruskin, FL 33570
3. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida  City Zip Code
lew Registered Agent's Signature, if changing Registered Agent	ip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		- · · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
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If an eff <u>Note:</u>	ive date, if other than the date of filing: 3/1/2022 (optional) ective 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 ent's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	2/28/2027 , 12:41 pm.
	Signature of a member or authorized representative of a member
	·