L19000238911

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(only out of zight home hy
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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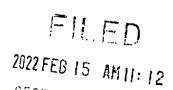
COVER LETTER

Division of Cor		٠	
/ Gabby Dar	ling Photography LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The muleural taxistes of	9	and the state of t	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Fabrizio Lengua		
		Name of Person	
	ZenBusiness INC.		
		Firm/Company	
	5511 Parkerest Dr. Suite 1	03	
		Address	
	Austin, TX 78731		
		City/State and Zip Code	···
	fulfillment@zenbusiness.co		
		to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
Fabrizio Lengua		512 237-7349	
Name o	f Person	at () Area Code Daytim	e Telephone 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 tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	2.7	The Centre of T	`allahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Gabby Darling 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 lorida document number $\frac{L19000238911}{L19000238911}$.	were filed on 2019-09-20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2914 Pembridge St
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, Fl. 34747
Inter new mailing address, if applicable:	2914 Pembridge St
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, Ft, 34747
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gabrielle Amanda Stocks	2914 Pembridge St	
		Kissimmee, Fl, 34747	□Remove
			=Change
		-	□Add
			□Remove
			□Change
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Page 2 of 3

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record specifies a delayed of The 90th day after the recor		an effective time,	at 12:01 a.m. on the ear	lier (
ted	. 2022			
	/s/ Gabrielle An			

Page 3 of 3

Filing Fee: \$25.00