## L19000266747

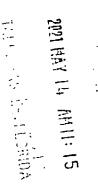
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## COVER LETTER ...

TO: Registration Section Division of Corporations
SUBJECT: Sophie Photography and Media, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Smare Owers  Name of Person
Name of Person
Sapphre Photography & Media, LLC
4051 Barrancas Ave. PMB 167
Address
Pensawla, FL 32507  City/State and Zip Code  Supphire photos. media @ gmail. com  E-mail address: (to be used for future annual report notification)
supphire photos. media a amail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sinual Oulus at (950) 287-1264  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sapphire Photograp		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reconted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L19000204747</u>	pany were filed on 0 24	2019 and assigned
This amendment is submitted to amend the following:		53
A. If amending name, enter the new name of the limited	liability company here:	2021 FIAY
The new name must be distinguishable and contain the words "Limited I	•	.C" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	N//	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	A	
New Registered Office Address:	Enter Florida street addr	ess
	, F	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
		<u> </u>	□Change
			□Add
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ective	date, if other th	an the date o	of filing:   Ø	11/2021	(  2:-00	an cont	tional)
effectiv	e date is listed, the	date must be spec	cific and cannot l	be prior to date of	filing or more t	han 90 days afte	er filing.) Pursuant to
ument	s effective date o	n the Departme	ent of State's re	applicable statt ecords,	nory ining re	quirements, th	is date will not be
ord sp filed.	ecifies a delayed	effective date, l	but not an effe	ctive time, at 12	:01 a.m. on ti	he earlier of: (	b) The 90th day a
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