## L200000 18303

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## **COVER LETTER**

**Registration Section** 

TO:

Division of Cor	porations		
	Partners, LLC		
SUBJECT:	Name of Lim	nited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lee Price		
		Name of Person	
	Viewfinder Partners, LLC		
		Firm/Company	
	1790 Florida A1A, Suite 2	09	
		Address	
	Satellite Beach, FL 32937		
	las@lasmaissidass.asm	City/State and Zip Code	···
	lec@leepriceideas.com E-mail address: (	to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	ail:	•
Lee Price		at (757) 652	-3423
Name of Person			ne 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)
<b>,</b>		<b>6</b>	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27 Tua	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lee Price Ideas LLC

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000018303}{L20000018303}$ .	were filed on January 10, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Viewfinder Partners, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
	.0	21
Name of New Registered Agent:	i de la companya de	2211
	-,	. EC
New Registered Office Address:	Enter Florida street address	20
	, Florida	``
New Registered Agent's Signature, if changing Registered Agent:	(1)	P-Zip & de
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as proceing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am fa wided for in Chanter 605 F.S. Or it	miliar with and Tthis document is

If Changing Registered Agent, Signature of New Registered Agent

it amenuing Authorized rerson(s) authorized to manage, enter the fitle, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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		<del></del>	
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			I Change
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an effec lote:   L	re date, if other than etive date is listed, the dat f the date inserted in the nt's effective date on t	te must be specifie an his block does not	nd cannot be prior to meet the applical	o date of filing or me	ore than 90 days after	onal) r filing.) Pursuant to 61 s date will not be lis	95.020 ited a
	specifies a delayed eff d.	fective date, but no	ot an effective tim	ie, at 12:01 a.m. c	on the earlier of: (b	) The 90th day aft	er the
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is med	x Decemb	<u>~ 15</u>	2021				
i is med	x Decemb	<ul> <li>15</li> <li>Signature of a</li> </ul>	202	_ ·	of a member	-1	

Filing Fee: \$25.00