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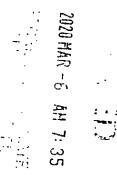
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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O SIMMONS MAR 24 2020

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter (to the following:	
	Marc Andrew Marco Phot	Esposito Name of Person O LLC Firm/Company	
	1513 SE Craq	Let St. Address	
	Port Saint L.	City/State and Zip Code	·
	Marco @ Marc	o Photo co. Com lo be used for future annual report notif	ication)
For further information cor	cerning this matter, please ca	all:	
Marc Esp	osito	at (772) 202-6 Area Code Daytime	0280
Name of I	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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
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

	o LLC	
(Name of the Limited Lie (A Flo	ability Company as it now appears on our rec orida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2000004406</u>		2020 and assigned
This amendment is submitted to amend the following	ğ:	
A. If amending name, enter the new name of the		2020 11
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "I	
Enter new principal offices address, if applicable:		o ,
(Principal office address MUST BE A STREET AL	ODRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registagent and/or the new registered office address her	· —	ter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	dress
		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>	Address	Type of Action
MGR	Marc Andrew Esposito	1513 SE Croquet St.	&Add
		1513 SE Croquet St. Port Saint Lucie, FL	□Remove
		24983	□Change
			□Remove
			Change All Add
			☐ Add .
			- Incention of the state of the
			
			□Remove
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ective date, if a	other than the da	ite of filing	•			(optional)	
i effective date is l	isted, the date must be	specific and o	cannot be prior	to date of filing	or more than 90 da	ays after filing.) P	
	iserted in this block we date on the Depa				ning requireme	nis, inis date wi	II HOU DE HSIEG I
	delayed effective d	ate, but not a	an effective ti	me, at 12:01 a	.m. on the earlie	er of: (b) The 9	0th day after th
s filed.							
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