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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:i	SA Della Bella PI Name of Limit	notography: LL C	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing	
Please return all corresp	oondence concerning this matter t	o the following.	
	Lisa	Della Bella Name of Person	
	lisa De	Ila Bella Photograp Firm/Company	Lh.y
	8888 WAP	Address	
		Beach FL 334- City/State and Zip Code	
	E-mail address: (to	2     A O M (x C . COM) o be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	II:	
LiSM De	of Person	at (954) 675.  Area Code Daytime	3830 Telephone Number
Enclosed is a check for	the following amount:		
S≥25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55 00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		Street Address: Registration Sec	tion

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

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

Lisa Della	Bella Photography LLC Liability Company as it show an pears on our records.) Florida Limited Liability Company)
(Name of the Limited	Liability Company as it sow appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Lial	bility Company were filed on 3/5/2020 1997 and assigned
This amendment is submitted to amend the follow	896 Sing: Sing: 68
A. If amending name, enter the new name of t	the limited liability company here:
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	Lisa Della Bella
New Registered Office Address:	8888 MAPLE HILL Ct. Enter Florida street address
	Boynton Bench Florida 33473 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	Lisa Della Bella	8888 Maple Hill Ct., Boynton FL 330	Bih, Wrad
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			[]Channa

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Note: If	date, if other than the date of filing:
e record s ed is filed	pecifies a delayed effective date, but not an effective time, at 12-01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/20 2020. Lua Della Bella
	Signature of a member or authorized representative of a member
	1
	Typed or printed name of signee