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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations		
Robyn	Noble Photography, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
	s of Amendment and fee(s) are sub	-	
Please return all corre	espondence concerning this matter Robyn Noble	to the following:	
	Robyn Noble photography	Name of Person	
	818 SE 9th Terrace	Firm/Company	
	Deerfield Beach, FL 3344	Address	
	robyn.m.noble@gmail.com	City/State and Zip Code	
	E-mail address: (on concerning this matter, please ca		
Robyn Noble		646 742-7:	
Nan	ne of Person	at () Area Code I	Daytime Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add Registratio Division o P.O. Box 6	n Section f Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Robyn Noble Photography, LLC	3000 Alvo 11 - 11 - 2
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.)" S. 0.7
The Articles of Organization for this Limited Liability Company were filed or	March 10th, 2020 and assigned
Florida document number L20000078486	<u> </u>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Laability Company," t	he designation "LLC" or the abbreviation "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 address on ou agent and/or the new registered office address here:	r records, enter the name of the new register
A STATE OF THE CONTROL OF THE CONTRO	
Name of New Registered Agent:	
New Registered Office Address:	
Enter I	Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent-	Zip Code

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 2003 AUG 14 AM 9: 07	Type of Action
AMBR	Donna Noble	818 SE 9th Terrace Deerfield Beach, FL 3341	≅ Add
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Effective date, if other than the configuration of an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	be specific and cannot be prior t ck does not meet the applica	o date of filing or more that ble statutory filing requi	(optional) 190 days after filing.) Pursuan rements, this date will not	t to 605.0207 (3 be listed as th
record specifies a delayed effective d is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
AUGUST 10TH	2020			
Dated	 -	-: /////		
		11 // //		
S	Signature of a member or author	ized representative of a me	ember	

12:12 ... P. ... CO.F. O.O.