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COVER LETTER

	on Section f Corporations		
DATI	NG PHOTOGRAPHERS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articl	es of Amendment and fec(s) are sub	mitted for filing.	
Please return all cor	respondence concerning this matter	to the following:	
	Benjamin Curry		
		Name of Person	
	None		
!	1716 H. d D	Firm Company	
	1715 Hodges Boulevard. A	Address	
	Jacksonville, FL 32224		
	bencurry102@gmail.com	City/State and Zip Code	
l		to be used for future annual report not	ification)
For further informal	tion concerning this matter, please c	alt:	
Ben Cury		719 600-1890	
N	ame of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For & Certified Copy radditional 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	
1		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DATING PHOTOGRAPHERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/13/20}{12}$ Florida document number L20000101670 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: What's Working Now, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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>Address</u> Type of Action <u>Title</u> Name | ______ C.Add □ Change ☐Remove ______ □Remove _____ Change □ Remove ______ EChange _____ □Remove

Page 2 of 3

 If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ient's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 30th 2020
	Signature of a member or authorized representance of a member
	Benjamin Curv Typed or printed name of signee

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Filing Fee: \$25.00