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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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5/20/21

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: FU	Prites Pho Name of Limite	oto b Vide (ed Liability Company), LLC
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	- Mich	elle Marc	005
	<u>Fuent</u>	es Photo > V	video, LLC
	14505	SW 85 STY	reet
	Miam	Florida City/State and Zip Code	33183
	FUPNTES P	hotovideo@ obe used for future annual report notifi	gmail. Lom
For further information co	oncerning this matter, please cal	II:	
Peter F Name of	Ventes Person	at (786) 597 Area Code Daytime	- 4185 Telephone Number
Enclosed is a check for th	e 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)

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

FILED

Fuentes Photo	o > Video	2021 FEB -1 AM 9: 31
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reliability Company)	TALL 411ACSEE, 51
The Articles of Organization for this Limited Liability Company Florida document number <u>L20001134</u> 6	were filed on 4/2	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab FUENTES Photo The new name must be distinguishable and contain the words "Limited Liabil	> Film,	"L1.C" 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 a agent and/or the new registered office address here:	address on our records, <u>e</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
		, Florida
	City	Zip Code
at the first that the control of the		

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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n an en <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	January 27. 2021
Dated	
Dated	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00