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# **COVER LETTER**

	Registration Section Division of Corporations	•	•
our inc	T: DC Images LL	· ·	·
SUBJEC	Name of Limit	ed Liability Company	<del></del>
The encl	osed Articles of Amendment and fee(s) are subn	nitted for filing.	
Please re	turn all correspondence concerning this matter to	o the following:	
		Dena Ray Name of Person	
		)C Images LLC	
		Firm/Company	
	355	Charles Ave	
	<u>Orange</u>	City/State and Zip Code  ONO+O @ gmail · Com  be used for future annual report notification)	
	dalbasas	City/State and Zip Code	
	E-mail address: (fi	be used for future annual report notification)	
For furth	er information concerning this matter, please ca		
	Denox hay Name of Person	at (407) 782 - 632 Area Code Daytime Telepho	25 ne Number
_	is a check for the following amount:  00 Filing Fee \$\square \text{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	Street Address: Registration Section Division of Corporatio	ns

P.O. Box 6327 Tallahassee, FL 32314

. . .

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 MAY 10 PM 3: 05

DC Images	s LLC.	TALLAHASSEE, FL
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our rec- ted Liability Company) 04/27	ALEM)
The Articles of Organization for this Limited Liability Compa		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited b	iability company here:	
Dena Ray Photogra		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>ent</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lance.
<del></del>	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Age	•	_ <b>-------------</b>

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
			🗆 Add
			□Remove
			□Change
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	<del></del>		□Add
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		<del></del>	Change
			🖸 Add
			□Remove
			□ Change

# Page 2 of 3

if am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	702
	ZDZZ HAY
	ASSET
	<del></del>
(If an el Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90th day after the record is filed.
Dated	Dua 1. Hay
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00