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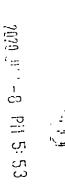
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JUN 23 2020

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Cynthia C	iarcia Photography LLC		
30bit.C1;	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Cynthia Garcia		
		Name of Person	
	Cynthia Garcia Photograp	hy LLC	
		Firm/Company	
	704 SW San Salvador Cov	·e	
		Address	
	Port St. Lucie, FL 34986		
		City/State and Zip Code	
	cynthiagarcia0408@comca		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please concerning	all:	
Cynthia Garcia		772 626-8375	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Addre		Street Address: Registration Sec	tion
	Corporations	Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 3

2020."" -8 PH 5:53

Cynthia Garcia Photography 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 Con Florida document number $\frac{1.20000133965}{1.20000133965}$	npany were filed on May 18th, 201	20 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	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 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
MGR	Cynthia Garcia	704 SW San Salvador Cove	Add
			□ Remove
			□Change
AMBR	Cynthia Garcia	704 SW San Salvador Cove	<u></u> ≅ Add
			□Remove
			Add
			Remove
			Change
			□ Remove
			□Change
<u>_</u>			□Add
			□Remove
			□Change
			□Remove
			□ Change

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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the E	st be specific and cannot hock does not meet the	applicable statutory	g or more than 90 days	optional) after filing.) Pursuant to s, this date will not be	605.020 listed a
cord specifies a delayed effective filed.	e date, but not an effec	ctive time, at 12:01	a.m. on the earlier o	of: (b) The 90th day	after the
June 3rd	. 2020				
C. A	Signature of a member of				
gran	a sercia	/			