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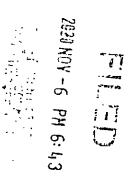
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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DEC 14 2020 S. YOUNG

COVER LETTER

Division of Cor		•	•
SUBJECT: Fly	Photography 1	L C lited Liability Company	
	Amendment and fee(s) are sub	<u>-</u>	
	<u>Caitlyn</u> M	Name of Person	
	Fly Photogra	Phy LLC Firm/Company	
	5809 NW 2	Zenith Dr Address	
	Port St Luc	City/State and Zip Code	
	Cimcle od 166 E-mail address: (Ogmail. Com to by used for future annual report notif	fication)
For further information co	oncerning this matter, please ca		
Caitlyn M. Name of	CLEOD Person	at (<u>772</u>) <u>200</u> Area Code Daytime	- 8991 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

Fly Photography LLC	To the second se
Fly Photography LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 7/29/2020 and assigned
Florida document number L20000226259.	చ్
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Silly Millie's Boutique, LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>n/a</u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	nla
(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:	nddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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
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			□ Remove
			□ Change
			□Add
			□ Remove
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			□Add
			□ Remove
			☐ Change

Change	<u>email</u>	on file	from	flyphotographylic@gmail.
to Si	llymilliesb	o li tique	@gmail.c	om.
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effective date is lister. If the date in:	ether than the da sted, the date must be serted in this block e date on the Depa	e specific and ca c does not mee	nnot be prior to date t the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 atutory filing requirements, this date will not be listed a
cord specifies a c s filed.	lelayed effective d	ate, but not an	effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
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