Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Co Fax Number	rporations : (850)617-6383		
Account Num Phone :	e: REGISTERED AGENTS INC.  sber: 120090000081  (307)200-2803  : {855}330-1010		20 SEP 29 AMI
AH 10: 03	**Enter the email address for this busin annual report mailings. Enter only o Email Address:	one email address please.**	- -
2020 SEP 29 AH	Certified Copy Page Count		∵ SULKE <b>R</b> <b>S</b> EP 3 ∪ 2020

\$25.00

Estimated Charge

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Foxborough Photography LLC		
(Same of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>07/30/2020</u>	and assigned
Florida document number L20000228043		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Foxborough Photography & Design, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		5 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records. re:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
		Ap Coae
New Registered Agent's Signature, if changing Registered Agent		
	the state of the s	there are no to compile with the

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>	<u>Address</u>	Type of Action
			☐ Remove
			☐ Change
			Remove
			□ Change
			☐ Remove
			Change
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

Business purpose: Priotograph	y, Design, Sell Proc	ducts, and anythii	ng I can offer or s	ell that generates	additional income.	
		·				
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Effective date, if other than to fan effective date is listed, the date is Note: If the date inserted in this	nust be specific and	cannot be prior t	to date of filing or	r more than 90 day.	optional) s after filing.) Purs s, this date will t	uant to 605,020 not be listed a:
ocument's effective date on the	Department of S	State's records.				
e record specifies a delay The 90th day after the r	ed effective of ecord is filed.	late, but not	an effective	e time, at 12:	01 a.m. on t	he earlier c
9/29		2020	<u> </u>			
Rilu	Tank Signature of a	member or autho	orized representat	ive of a member		
	<del>-</del>					

Page 3 of 3

Filing Fee: \$25.00