L20000234492

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COVER LETTER

	Registration Se Division of Con			<i>.</i>
SUBJEC	CHRISTIN	A TIMSUREN PHOTOGRAP	HY, LLC	•
300,71.0	, I	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		CHRISTINA TIMSUREN		
			Name of Person	
		CHRISTINA TIMSUREN	PHOTOGRAPHY, LLC	
			Firm/Company	
		PO BOX 543		
			Address	
		MARY ESTHER, FL 3250	59	
			City/State and Zip Code	
		christinatimsuren@gmail.co		-
For forth	er information c	E-mail address: (concerning this matter, please or	to be used for future annual report notif	lication)
	INA TIMSURE		810 610-6811	
		of Person	at ()	e Telephone Number
	rane v	11 (130)	mea code Daytini	receptione (value)
Enclosed	l is a check for t	he following amount:		
圖 \$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 Addres Registration		Street Address: Registration Sec	ction
	Division of C	Corporations	Division of Cor	porations
	P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2029 AT - 28 KT 9: 30

If Changing Registered Agent, Signature of New Registered Agent

CHRISTINA TIMSUREN 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 Company Florida document number L20000234492	were filed on objective	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1992 LEWIS TURNER	BLVD, SUITE 1058
(Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEAG	CH. FL 32547
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX) B. If amonding the registered agent and/or registered office:	addross on our records	enter the name of the new registers
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	enter the name of the new registere
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida stree	et address
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida stree	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida stree City	et address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	2020 At 1.20 FT 9:30	Type of Action
				□Add
				□ Remove
				Change
		***		🗆 Add
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Effective	date, if othe	r than the date o	f filing:		(option	(al) ling.) Pursuant to 605.020
f an effecti Note: If t	ve date is listed, the date inserte	, the date must be spec ed in this block doc	citic and cannot be prices not meet the appli	r to date of filing or mo cable statutory filing	re than 90 days after fi	ling.) Pursuant to 605.020 late will not be listed as
			ent of State's record		requirements, this c	and will not be instead at
rd is filed.						The 90th day after the
Dated AL	JGUST	24	2020	norized representative of		
	0					
	///					

Filing Fee: \$25.00

Typed or printed name of signee