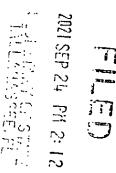
## K20000275138

| (Req                      | uestor's Name)   |           |
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| PICK-UP                   | MAIT             | MAIL      |
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|                           |                  |           |
| Certified Copies          | Certificates     | of Status |
|                           |                  |           |
| Special Instructions to F | iling Officer:   |           |
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Office Use Only



09/24/21--01009--013 \*\*30.00



10/3/21

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

| Division of Cor               | porations                                     |   |  |  |             |     |
|-------------------------------|---|---|--|--|-------------|-----|
| SFD Photo                     | graphy, LLC                                   |   |  |  |             |     |
| SUBJECT:                      | Name of Lim                                   | ited Liability Company                                      |  | <u> </u>   |             |     |
| The enclosed Articles of      | Amendment and fee(s) are sub                  | mitted for filing.  |  |  |             |     |
|                               | ondence concerning this matter                |   |  |  |             |     |
|                               | Sandy L Robinson                              |   |  |  |             |     |
|                               |   | Name of Person  |  |  |             |     |
|                               | SFD Photography, LLC                          |   |  |  |             |     |
|                               |   | Firn/Company  |  |  | 2021        |     |
|                               | 54 Atlanta Dr.                                |   |  |  | 2021 SEP 24 | ·== |
|                               |   | Address   |  |  | 42          | (4) |
|                               | St. Augustine, FL 32092                       |   |  |  | P4 :        |     |
|                               | ·   | City/State and Zip Code                                     |  |  | 2: 12       |     |
|                               | slrobin1@kent.edu                             |   |  | · i  | 1.3         |     |
|                               | E-mail address: (                             | to be used for future annual i                              | report notification)                     |  |             |     |
| For further information of    | oncerning this matter, please ca              | all:  |  |  |             |     |
| Sandy L Robinson              |   | 216 509   | 0-6421                                   |  |             |     |
| Name o                        | f Person                                      | Area Code   | Daytime Telephone N                      | umber  | _           |     |
| Enclosed is a check for the   | he following amount:                          |   |  |  |             |     |
| □ \$25.00 Filing Fee          | \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is encl | Cer<br>losed) Cer                        | .00 Filing F<br>tificate of S<br>tified Copy<br>litional copy is | Status &    |     |
| Mailing Addres Registration   | Section                                       | -   | ation Section                            |  |             |     |
| Division of C<br>P.O. Box 632 | •   |   | n of Corporations<br>atre of Tallahassee |  |             |     |
| PU BOX D 1/2                  | · 1   | ine C.er  | TO COLLIADANASSEE                        |  |             |     |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SED Photography, LLC   |  |                          |                   |
|--|--|--------------------------|-------------------|
| ( <u>Name of the Limited Liabili</u><br>(A Florid              | ity Company as it now appears on o<br>a Limited Liability Company) | ur records.)             |                   |
| The Articles of Organization for this Limited Liability C      | Company were filed on Septemb                                      | er 3, 2020               | and assigned      |
| Florida document number L20000275138                           | <u> </u>   |                          |                   |
| his amendment is submitted to amend the following:             |  |                          |                   |
| A. If amending name, enter the new name of the lim             | ited liability company here:                                       |                          |                   |
| SFD Educational Services and Photography, LLC                  |  |                          |                   |
| he new name must be distinguishable and contain the words "Lin | nited Liability Company," the designate                            | tion "LLC" or the abb    | revation "L.L.C." |
| Enter new principal offices address, if applicable:            | <del></del>  |                          | S T               |
| Principal office address MUST BE A STREET ADDI                 | RESS)  |                          | 2                 |
|  |  | .,;<br>.,;<br>.,         | <u> </u>          |
|  |  | ET S                     | ÿ □               |
| Enter new mailing address, if applicable:                      |  | 구렴                       |                   |
| Mailing address MAY BE A POST OFFICE BOX)                      |  |                          | , <del>,</del>    |
|  | <del></del>  |                          |                   |
|  | · · ·  | · · · · ·                | <del></del>       |
| 3. If amending the registered agent and/or registere           | d office address on our record                                     | s, <u>enter the name</u> | of the new regi   |
| gent and/or the new registered office address here:            |  |                          |                   |
|  |  |                          |                   |
| Name of New Registered Agent:                                  |  |                          |                   |
| New Registered Office Address:                                 |  |                          |                   |
| · · · · · · · · · · · · · · · · · · ·                          | Enter Florida str  | eet address              |                   |
|  |  | , 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 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:

i

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address                                       | Type of Action                  |
|--------------|------|---|---------------------------------|
|              |      |   | DAdd                            |
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| fective date, if other than the date of filing:n effective date is listed, the date must be specific and cannot be prior to o      | (optional)  |
| ote: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records. | e statutory filing requirements, this date will not be listed a |
| cument's effective date on the Department of State's records.  |   |
| ecord specifies a delayed effective date, but not an effective time  | e, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
| is filed.  |   |
| nted 19/21, 2001   |   |
| ited   |   |
|  | •   |

Typed or printed name of signee