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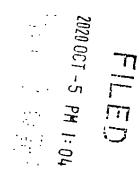
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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11/10/20

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
Eltalomar F	Photos LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Maria Perez		
		Name of Person	
	Eltalomar Photos LLC		
	 	Firm/Company	
	6161 Memorial Highway 9	907	
Address			
	Tampa, F1 33615		
		City/State and Zip Code	
	eltalomar@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Maria Perez		727 277-9481	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eltalomar Photos LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
he Articles of Organization for this Limited Liability Company	were filed on September 14, 2020	and assigned
orida document number 1.20000288041		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabile	ity Company." the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		- 8 n
		5
Inter new mailing address, if applicable:		F
Mailing address MAY BE A POST OFFICE BOX)		
		2
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	EFRAIN OMAR RIVEA PEREZ	6161 MEMORIAI. HIGHWAY 907	≣ Add
		TAMPA FL 33615	Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Change
			<u>Cfil</u> Remove
		Cfi Remove P	
			□Add
			Remove
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			Remove

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reffective date is listed, the	e date must be specific and in this block does not m	cannot be prior to	date of filing or m	ore than 90 days a	after filing.) Pursu this date will no	ant to 605.020 of he listed a
if the date hisered	on the Department of S	tate's records.	ic suitatory min	E reduitement	aut Anni	
cument's effective date						
		an effective tim	e, at 12:01 a.m.	on the earlier of	f: (b) The 90th	day after th
ecord specifies a delayed	deffective date, but not	an encente um	Λ			
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