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COVER LETTER

TO: Registration Solution of Con		,		. 1	
0.110.472.692	BUSINESS NAME AT	ND ADDRESS CHANGE		,	
SUBJECT: •	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
		CRISTINA ANSARI			
		Name of Person			
		Firm/Company			2921
	300	0 NW 130TH TER, APT	115		2021 OCT 19 PM 3: 12
		Address		200	9
		SUNRISE, FL 33323		E S	i. Ω
		City/State and Zip Code		FA	12
		saphotography@gmail.co to be used for future annual)	
For further information of	concerning this matter, please c	all:			
CRISTIN	A ANSARI	239 at ()	595,4149		
Name o	of Person	Area Code	Daytime Telep	hone Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &
Mailing Address Registration		<u>Street A</u> Registra	ddress: ation Section		
Division of Corporations		Divisio	n of Corporati		
P.O. Box 632 Tallahassee.			ntre of Tallaha . Monroe Stre		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PICSORAMA STU	IDIO, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	my as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000327242</u>	were filed on 10/15/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CRISA PHOTOGRAPHY, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	.LC" or the abbase ation "L.L.C."
Enter new principal offices address, if applicable:	3000 NW 130TH TER	
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33323	
Enter new mailing address, if applicable:	3000 NW 130TH TER, AP	- I
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33323	m 10
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ade	lress
_		Florida
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I	further agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□Change
			□Add
			□Remove
			ZOZI OCT I S
	· · · · · · · · · · · · · · · · · · ·		2021 OCT 19 PM 3: 12 SECRETARY OF STATE TALLAHAS SEE, FIL
			□Change
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Tective date, if other than affective date is listed, the date inserted in tument's effective date on	mis block does not me	et the applicable :	e of filing or more th statutory filing req	(option: an 90 days after fili uirements, this da	il) ng.) Pursi ite will r	uant to 605.0 not be listed
record specifies a de The 90th day after the	layed effective da e record is filed.	ete, but not an	effective time,	at 12:01 a.n	n. on th	ne earlier
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