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Special Instructions to Fi	ling Officer.	

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COVER LETTER

Div	ision of Corp	porations		
CHID HEZPT.	Supreme Sh	ot Photography, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspoi	ndence concerning this matter t	o the following:	
		Malik Creary		
		***************************************	Name of Person	
		Supreme Shot Photography		
			Firm/Company	
		842 twin lakes drive		
			Address	
		Coral Springs, Florida 3307	71	
			City/State and Zip Code	
		supremeshot00@gmail.com E-mail address: (t	o be used for future annual report not	ification)
For further in	nformation co	oncerning this matter, please ca		
Malik Creary			954 534-1566 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 I	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)
<u>M</u> a Rej	iling Address gistration S	<u>E</u> ection	<u>Street Address:</u> Registration Se	ection

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Supreme Shot 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 were filed on 10/302020 and assigned Florida document number L20000345204 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Malik Creary	842 twin lakes drive Coral Springs, Fl 33071	🗀 Add
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			Remove
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ffective date, if other than the an effective date is listed, the date must	date of filing: be specific and cannot b	7/2020 e prior to date of fili	ng or more than 90	(optional	1 Pursuant to 605 0207 (
Note: If the date inserted in this bloocument's effective date on the De	ck does not meet the	applicable statutor	y filing requiren	nents, this date	will not be listed as t
record specifies a delayed effective I is filed.	date, but not an effec	tive time, at 12:0)	a.m. on the earl	ier of: (b) T	he 90th day after the
November 17	2020				