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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

TANK AND SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Cor	porations		
eub iren.		ose Fine Portraits FL LLC		
SUBJECT: Name of Limited Liability Company				
The analysis	l Amiolae of	Amendment and fec(s) are sub	mitted for filing	
Please return	all correspo	indence concerning this matter	to the following:	
		Rebecca Darling		
			Name of Person	
			Firm/Company	<u>.</u>
		805 Gamewell Ave		
			Address	
		Maitland, FL 32752		
		•	City/State and Zip Code	
		rebecca@rebeccarosefinepo		
		E-mail address: (to be used for future annual report no	etification)
For further in	nformation e	oncerning this matter, please co	all:	
Rebecca Dar	rling		860 319-7914 at ()	
Name of Person		Area Code Dayti	me Telephone Number	
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	iling Addres gistration S	Section	Street Address: Registration S	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000379046</u> .	y were filed on 12/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Rebecca Rose Fine Portraits LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No Change	
(Principal office address MUST BE A STREET ADDRESS)		2022 TA
Enter new mailing address, if applicable:	No Change	LL AHAR
(Mailing address MAY BE A POST OFFICE BOX)		SSC R M
B. If amending the registered agent and/or registered office	addrugg on our requires onto	10: 26
agent and/or the new registered office address here:	address on our records, end	er the name of the new registers
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street ada	tress
		Florida
	Ciţ	Zip Code

New Registered Agent's Signature, it 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 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
			□ Remove
			□Change
		\ <u></u>	□Add
			Remove
			Change
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			□Add
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			□Remove
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N/A - We just want to dre	op the "FL" from our LLC name.			
				
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ctive date, if other than	the date of filing:	(optic	onal)	
effective date is listed, the date	must be specific and cannot be prior to date of solock does not meet the applicable state.	of filing or more than 90 days after	filing.) Pursuant	
	e Department of State's records.	tutory ming requirements. this	date will not t	be fisted
ord specifies a delayed effe filed.	ctive date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b) The 90th da	iy after t
d July 15	2022			
$\overline{\Omega}$				
SX 4- 6.11 -	Signature of a member or authorized rep			

Typed or printed name of signee