LZC CC 397-C24

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T. MATTHEWS

JAN 1 8 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kaila Michelle Photography Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kaila Howell
Name of Person Kaila Michelle Photography LLC Firm/Company
2366 SW Bay Shore Blvd.
Port St. Lucie, FL, 34984 City/State and Zip Code K. M. Howell Photography agrail. Cor E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaila Howell at (561) 932 - 5431 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$\text{S25.00 Filing Fee}}\$ \sum{\$\text{S30.00 Filing Fee & Certificate of Status}}\$ \sum{\$\text{S55.00 Filing Fee & Certificate of Status}}\$ \sum{\$\text{Certificate of Status}}\$ \sum{\$\text{Certificate of Status}}\$ \sum{\$\text{Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)}}\$

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

Street Address:
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

The Articles of Organization for this Limited Liability Company were filed on Dec. 21, 2020 and assigned Florida document number <u>L2000</u>039 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 "LLC" 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.

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
CEO	Kaila Howell	2366 SW BayShore	🗆 Add
		Blud, Port, St. Lucie	□Remove
, //r	\	FL, 34984	Change
<u> </u>	<u> </u>		□Add
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neffective date is listed, the te: If the date inserted	han the date of filing: date must be specific and cann in this block does not meet (on the Department of State'	ot be prior to date of fili the applicable statutor	ng or more than 90 da	(optional) sys after filing.) Pursuant to this, this date will not b	to 605.0207 e listed as
cord specifies a delayed s filed.	effective date, but not an e	ffective time, at 12:0	I a.m. on the earlie	r of: (b) The 90th day	after the
ed 12/29		1021			
	Kartu K Signature of a memb	ber or authorized represe	entative of a member		
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