Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Email Address:_

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

BLONLIAWY OF STATE

HECENED.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KIREINA PHOTOGRAPHY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 08 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kireina Photography LLC		<u> </u>
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/26/2021	and assigned
Florida document number L21000096669		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li-	ability 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)		· · · · · · · · · · · · · · · · · · ·
		되는 <u>2</u>
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		
		- SA
B. If amending the registered agent and/or registered	office address on our records, <u>e</u>	nter the name of the nev
registered agent and/or the new registered office address h	<u>ierę</u> :	2000年
		÷
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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
AMBR	Sara Guerra	7901 4th St N STE 300	
		St. Petersburg, FL 33702	☐ Remove
			Change
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Signature of a member or authorized representative of a member	4/1	2021_		
The Application of Distribution and Deliver report to the Distribution of the Distribu	Morgan	Signature of a graphyr or authorizant s	enresentative of a member	
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Filing Fee: \$25.00