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COVER LETTER

	Registration Se Division of Cor			S		
SHD IEC		PORT & EXPORT LLC				
SOBJEC	·	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	to the following:			
		JAMES POWERS				
			Name of Person	*		
		AEGIS IMPORT & EXPO	ORT LLC			
			Firm/Company			
	1505 ATTLEBORO LN					
			Address			
		BRANDON FL 33511				
			City/State and Zip Code			
	AEGISIMPORTEXPORT@GMAIL.COM					
		E-mail address: (to be used for future annual report	notification)		
For further	r information c	oncerning this matter, please c	all:			
JAMES I	OWERS		810 471-257			
	Name o	f Person	at () Area Code Day	rtime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00) 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 tadditional copy is enclosed)		
	1ailing Addres		Street Address			
Registration Section Division of Corporations		Registration Section Division of Corporations				
þ	P.O. Box 632	7	The Centre of Tallahassee			
ſ	'allahassee, l	FL 32314	2415 N. Mor	proe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AEGIS IMPORT & EXPORT 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 $_^{1.21000133510}$ and assigned Florida document number _03/21/2021 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PHOTOGRAPHY EN MOTION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			□ Change

Page 2 of 3

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	(1)/22/2021
(If an effecti Note: If	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	August 22 2024.
	Signature of a member or authorized representative of a member
	· / _