## L2100157516

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	09/13/240
(Business Entity Name)	93713724970
(Document Number)	
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15. Hours 07/13/24

## **COVER LETTER**

SmileJoy I UBJECT:	Photo Studio, LLC		
: <u></u>	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	Eddie Bradley		
		Name of Person	
	SmileJoy Photo Studio		
		Firm/Company	
	6555 Sanger Road		
		Address	· -
	Orlando, FL 32827		
		City/State and Zip Code	
	eddie.bradley@icloud.com		~
		to be used for future annual report noti	iication)
or further information o	oncerning this matter, please c	all:	
Eddie Bradley		407 706-9597 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 (additional copy is enclose)

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**

SmileJoy Photo Studio, LLC	
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
he Articles of Organization for this Limited Liability Company w	
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabili	tv company here:
LD x SJ Studio, LLC	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	• • •
Principal office dadress MUST BE A STREET ADDRESS	
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	.> <u>.</u> ; ∪
nter new mailing address, if applicable:	75 TO
Mailing address MAY BE A POST OFFICE BOX)	
	- TH 33
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office ad-	7. 13 PH 12: 33
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
The Hogistella Office (Mailes)	Enter Florida street address
	, Florida
	City Zip Code

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>	<u>Name</u>	Address	Type of Actio	<u>) n</u>
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ective date, if other than the dat	to of filing:			(optional)		
effective date is listed, the date must be	specific and cannot be pr	ior to date of fil	ing or more than 9	0 days after filing.)	Pursuar	it to 605.02
e: If the date inserted in this block ument's effective date on the Depar	tment of State's record	ds.	ry ming require	ments, this date v	viii not	be listed
ord specifies a delayed effective da filed.	te, but not an effective	e time, at 12:0	l a.m. on the ea	rlier of: (b) The	90th d	ay after tl
Theu.						
August 27	2024	•				