L21000351712

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Truf	Envision Ph	otography LLC	
		ical Electricy Company	
The enclosed Articles of A	mendment and fee(s) are subj	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Brel	Value S, Zelner Name of Person	<u> </u>
	True Env	rision Photography	LLC
	7643 Gate	Parkway suite 11	H-1555
	Jacksonui	City/State and Zip Code	<u>e</u>
	true envision	to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	•	·
13 renclus		at (901) 456 - Area Code Daytime	957] Telephone Number
Enclosed is a check for the	following amount:		
(1) \$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 enclosed)
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of Co		Division of Corp	oorations
P.O. Box 6327		The Centre of Ta	
Tallahassee, F	L 32314	2415 N. Monroe	: Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11110 (.114134")	grophy LLC
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000251712 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	7643 Gale Parkway Suite 164-1555 Jacksonville FL 35256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32256 6
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 27-00	da S. Zelner
New Registered Office Address: 7643 ga	HE Parkway Suite 104-1555 Enter Florida street address
Jac	KSONVILL , Florida 32256 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.

f 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>	<u>Name</u>	Address	Type of Action
<u>(E0</u>	Brenda S. Zelner	7643 gate parkway	OVAdd
		Suite 104-1555	□Remove
		Jacksonville, FL 32256	Change
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effective date	, if other the e is listed, the d	late must be spe	cific and can	ot be prior to	date of filing	or more than	90 days afte	er filing.) P	tursuant to 60
e: If the da	te inserted in ective date on	this block do	es not meet	the applicab	le statutory	filing requir	ements, th	us date w	ill not be its
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ord specifi	es a delayed e	effective date.	but not an e	effective tim	e, at 12:01 a	.m. on the e	arlier of: (b) The	90th day aft
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