L21000251895

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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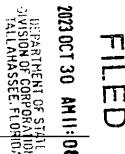
COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Sonvise Photography LLC Name or limited Liability Company | 2023 |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Law Hersberger | DEPARTMENT OF STATE OF STATE OF CORPORATION TALLAHASSEE. FLORIO. |
| Sonrise Photography LLC Firm/Company | |
| 7892 Camp Mack Rd, Lake Wales, FL 33 | 5898 |
| Lake Wales, FL, 33898 City/State and Zip Code Sonrise Photography 11 c @g mail. (E-mail address: (to be used for future annual report notification) | (om) |
| For further information concerning this matter, please call: | |
| Cody Hershberger at (863) 232-724 Name of Person at (863) Area Code Daytime Telephone | -1 9 : Number |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy (additional copy is enclosed) | 60.00 Filing Fee. Certificate of Status & Certified 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



Zip Code

| Sonrise Photography LLC | F STA | == | U |
|---|-------|--------|---------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | 2 E E | 8.0 | |
| The Articles of Organization for this Limited Liability Company were filed on <u>June</u> , 01, <u>Horida document number L 21000251895</u> . | 121 | and as | ssigned |

| This amendment is submitted to amend the following: | |
|---|---|
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabit | 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) | 7892 Camp Mack Rd |
| Trincipal office address MOST BE A STREET ADDRESS | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1897 Camp Mack Rd Lake Wales, FL 33898 |
| B. If amending the registered agent and/or registered office a 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: | |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |

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.

City

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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--|-----------------|
| AMBR | Tianna Hershburger | 7892 Camp Mack Rd | □Add |
| | | 7892 Camp Mack Rd Lake Wales, FL 33898 | ERemove |
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| | | | □Add |
| | | DEPAR IVISION | Remove |
| | | HASSEE.FLC | 30 F |
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| Tective date, if othen neffective date is listed. Ite: If the date inserted cument's effective date. | the date must be spec ed in this block doe | cific and ca es not me | annot be prio et the appli | cable statuto | ng or more than | | r tiling.) Pur | | |
| record specifies The 90th day afte | | | te, but n | ot an effec | tive time, a | t 12:01 | a.m. on | the ea | rlier of |
| red October | 27 | · | 2023 | <u>) </u> | | | | | |
| | Signatu | ly re of a me | mber or auth | And lorized represe | entative of a men | nber | | | |
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