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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number))
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08/18/21--01013--006 **25.00

8/25/21

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	PALM AN	D ARROW PHOTOGRAPHY	LLC			
SOBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		LOVETTE DOBSON				
		_	Name of Person			
		INCFILE.COM LLC				
			Firm/Company			
		17350 STATE HWY 249 S	STE 220			
			Address			
		HOUSTON, TX 77064				
			City/State and Zip Code			
		EFILE1234@INCFILE.CO				
		E-mail address: (to be used for future annual report no	titication)		
For further i	nformation c	oncerning this matter, please co	all:			
LOVETTE	DOBSON		888 462-3453			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25,001	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 Section Division of Corporations		Street Address: Registration Se Division of Co	rporations			
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1015 71 1:31

	ND ARROW PHOTOGRAPHY LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Corida document number L21000327435	Company were filed on <u>07/19/2021</u>	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
GANA TATE PHOTO LLC		
he new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<i>y</i>
	. Fla	orida
	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 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
<u>.</u>			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
			☐Change

Effective date, if other than the date of filing: [If on effective 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 0/207 Note: If the date inserted in filing block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Be record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated August 9 2021 Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member	n amen	iding any other infor	manon, enter	change(s) her	г. үмийст аййт	onca sneets, ij neet	:55ta y.j
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Signature of a member or authorized representative of a member		Rinna. S	T /	- RO			
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