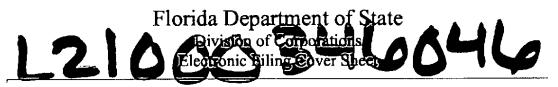
To: 18506176383 From: 14693173436 Date: 07/27/22 Time: 6:06 PM Page: 01/04



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOTO ATM LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

Help

To: 18506176383 From: 14693173436 Date: 07/27/22 Time: 6:06 PM Page: 02/04

(((H22000254315 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Photo ATM LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000346046	were filed on 08/02/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	27 San Rafael Ct, Palm Coast, FL 3213	7
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	27 San Rafael Ct, Palm Coast, FL 3213	7
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 nam	7022 ,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	ROVED ILED 7 PH 4:
-	, Florida 😤	7.17.1p de

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.

(((H22000254315 3))) If Changing Registered Agent. Signature of New Registered Agent

To: 18506176383 From: 14693173436 Date: 07/27/22 Time: 6:06 PM Page: 03/04

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 = Ma AMBR = Au	anager (((日 ithorized Member	22000254315 3)))	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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______ Change

amending any other info	rmation, enter chang	ge(s) here: 7	Attach additio	nal sheets, if nece	ssary.1	
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Tective date, if other that in effective date is listed, the da ote: If the date inserted in to councit's effective date on	his block does not meet t	the applicable	late of filing or mo statutory filing	(option of the contract of the	i nal) filing) Pursuant to 60 date will not be lis)5 020° sted as
ecord specifies a delayed ef is filed.	fective date, but not an e	ffective time	, at 12:01 a .m. c	n the earlier of: (b)	The 90th day aft	er the
July, 22	20	022				

Typed or printed name of signee