121000429215

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olty/Gtate/Zip/Filotie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200375045432

10/18/21--01047--014 **30.00

10/29/21 MH 8:55

COVER LETTER

Division of Corpora	tions		
subject: <u>Sunse-</u>	Mobile Name of Limi	Chotography, Ated Liability Company	LC
The enclosed Articles of Ame	ndment and fee(s) are sub-	nitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
-	Share	Name of Person	
-	Sunset	- Mobile phot Firm/Company	odustyn
-	2023 Ora	nge Center	Blud Apt 12204
-	Orlando, 1	F1 32805 City/State and Zip Code	
_	Mrsgreen 19 Eymail address: (1	TO 6 amail - CO to be used for future annual report notif	ication)
For further information conce			
Sharon G Name of Per	reen son	at (407) 533 Area Code Daytime	3 - 8470 e Telephone Number
Enclosed is a check for the fo	llowing 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 enclosed)
Mailing Address:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed on 9-30-201 and assigned Florida document number L2 000 439 315 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Mailing address MAY BE A POST OFFICE BO	<u></u>		
Florida document number L21000 439 315 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable:	Enter new mailing address, if applicable:			200 100
Florida document number <u>L21000439315</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."				
Florida document number <u>L21000439315</u> This amendment is submitted to amend the following:	•		e designation "LLC" or the abbrevia	ntion "L.L.C."
Florida document number <u>L21000439315</u>	A. If amending name, enter the new name of the	e limited liability company	here:	
			9-30-2021	and assigned

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 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Actior</u> ₹≈04
AMBR	Shama Graen	Aptio	1204 rd 1844
hmen.	SHARW SITCH	Orlando, Fl 32805	□Remove
			□Change
			□Adđ
			□Remove
			□Change
			Add ORemove
			Add Control of the service of the s
			□ Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□Change

		
		
		_
		· ·
	·	<u>.</u>
	ي جز	202
	2035 14	30 1
	ASS	$\frac{1}{\omega}$
	<u> </u>	
 	- *	i
	ORID:	5
fective date, if other than the date of filing:	(optional)	
fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be prior to date of filing or more one: If the date inserted in this block does not meet the applicable statutory filing re-		
ocument's effective date on the Department of State's records.		
	a tracata magazi	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on this filed.	the earner of: (b) The 90th	day after th
1 /		
Signature of a member or authorized representative of		
Signature of a member or authorized representative of		