

121 0000444 224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

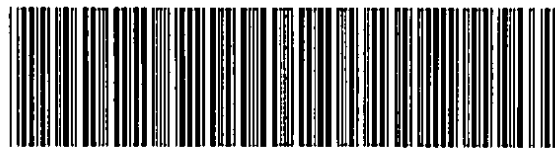
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/21--01003--024 **25.00

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2021 NOV 24 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FL

Amend.

DEC 09 2021

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GURU PICTURES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAURA SANCHEZ

Name of Person

GURU PICTURES LLC

Firm/Company

29 E MAGNOLIA AVE, APT 2

Address

EUSTIS, FL 32726

City/State and Zip Code

gurupictures.llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA SANCHEZ

Name of Person

352 459-5221
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FL

2021 NOV 24 PM 3:33

FILED



2021 NOV 24 AM 8:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2021

LAURA SANCHEZ
GURU PICTURES LLC
29 E MAGNOLIA AVE., APT 2
EUSTIS, FL 32726

SUBJECT: GURU PICTURES LLC
Ref. Number: L21000444224

11/20(2) ✓ We have received your document for GURU PICTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 321A00027413

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GURU PICTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/11/2021

Florida document number L21000444224

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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2021 NOV 21 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

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

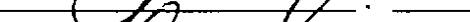
Title	Name	Address	Type of Action
MGR	GULMIRI-RUPANI, SALIMA	4203 MOONBEAM WAY	<input type="checkbox"/> Add
		SNELLVILLE, GA 30039	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RUPANI, ASIF	4203 MOONBEAM WAY	<input type="checkbox"/> Add
		SNELLVILLE, GA 30039	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an 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 605.0207 (3)(b)

If the 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 record is filed.

TOBER 25 2021



Signature of a member or authorized representative of a member

Typed or printed name of signee