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(Re	questor's Name)	_
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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STOLEMAN OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC	Steph K. Ph	otography, LLC		
SUBJEC	- li <u></u>	Name of Limite	ed Liability Company	
	÷			
The encl	osed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please re	turn all correspo	ndence concerning this matter to	o the following:	
		Stephanie	Kingery Name of Person	
	•	Steph K.	Photography, L	<u> </u>
		1171 Abeline	2 DV · Address	
		Deltuna F	L 3272S City/State and Zip Code	
			be used for future annual report not	ail-Com ification)
For furth	ner information c	oncerning this matter, please cal	l:	
Ste	phanie o	Kingery FPerson	at (386) 624 Area Code Daytin	- 8113 ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$25.	.00 Filing Fee	☐ \$30.00 Filling Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Photocrophy 111

(Name of the Limited Liabili (A Fioridi	W Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Steph K. LLC The new name must be distinguishable and contain the words "Lin		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC. 3
(Principal office address MUST BE A STREET ADDI	RESS)	
		<u> </u>
		SSET A
Enter new mailing address, if applicable:		Es ë
(Mailing address MAY BE A POST OFFICE BOX)		55 55
•	4.5	• • • • • • • • • • • • • • • • • • • •
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	addraws
·	v.mer v gorida street	uuur vəs
	City	, Florida Zip Code
	Ciry	zap com

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>	<u>Name</u>	Address	Type of Action
			🗖 Add
	ı		Remove
	,		☐ Change
			
			□Change
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	<i>.</i>		□ Change
			□Remove
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			□Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing:
the record cord is fi	rd 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 led.
Dated	02 02 2023 : Signatule of a Member or authorized representative of a member
	Stephanie Kingery Typed of printed name of signee