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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
	PHOTOGRAPHER LLC	e* ,	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MEUS EDER		
		Name of Person	<del></del> _
	EDERSON PHOTOGRAP	HER LLC	
		Firm/Company	
	5804 HUTTON DRIVE		
		Address	
	ORLANDO, FLORIDA. 3		
	edersonphotographer@gma	City/State and Zip Code	
		to be used for future annual report noti	tication)
For further information c	oncerning this matter, please ca	all:	
MEUS EDER		407 4066889 at ()	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following 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 Addres Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	
Tallahassee.		2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 24 PM 3: 35

EDERSON PHOTOGRAPHER LLC

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number 1,22000039141 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) 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 \_\_\_\_, Florida \_\_\_ City 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
MGR	MEUS EDER	5804 HUTTON FRIVE ORLANDO FL 32808	□ <b>Λ</b> dd
			□ Remove
			■Change
MGR	POULARD SHEKINA	125 W 20TH STAPOPKA, FL 32703	🖸 Add
			≘Remove
			□Change
MGR	PETION JESSICA	125 W 20TH STAPOPKA, FL 32703	□Add
			Remove
			□Change
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