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TO:		stration Sect			
CHDIG		MORGAN E	LAKE PHOPOGRAPHY LI	.c	
SUBJEC	٠١: .		Name of Limi	ted Liability Company	
The encl	osed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn a	all correspond	dence concerning this matter	to the following:	
			MORGAN BLAKE		
				Name of Person	
				Firm/Company	
2957 ROUEN AVE					
			WINTER PARK, FL 3278		
			MRGNBLAKE52@GMAI	City/State and Zip Code	
				to be used for future annual report not	ification)
For furth	ner in	formation cor	ncerning this matter, please ca	all:	
MARK BLAKE		813 480-6828 at ()			
		Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a	check for the	following amount:		7-7
□ \$25.	.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy 2 (additional copy is enclosed) ;
	Reg Div P.O	istration Se istration of Co . Box 6327 ahassee, Fl	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORGAN Blake Photography LLC (Name of the Limited Liability Company as it now appear on our records.) (A Florida Limited Liability Company)
(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 January 20, 2020 assigned Florida document number L 22 6000 88 486
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Garden Like a Hother LLC 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 BON)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
City , Florida, Elorida
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

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
			□Remove
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ote: If the date inserted in this blo	date of filing: June 2 be specific and cannot be prior to date of finck does not meet the applicable statute	ling or more than 90 days after fili ory filing requirements, this day	al) ng.) Pursuant to 605,02 ite will not be listed :
ocument's effective date on the De	partment of State's records.		
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ecord specifies a delayed effective is filed.	edate, but not an effective time, at 12:0	or a.m. on the eartier of: (b)	The 90th day after th
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Filing Fee: \$25.00