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TO: . Registration Section

Division of Corporations

Tallahassee, FL 32314

Zulie Rego Photography LLC SUBJECT: _ 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: . . Zulie Rego Name of Person Zulie Rego Photography LLC Firm/Company 6943 W 15Th Ave Address Hialeah, FL 33014 City/State and Zip Code zulierego@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Zulie Rego 458 1297 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zulie Rego Photography LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000100362}{1.22000100362}$.	were filed on <u>05/10/2022</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7. S. T. A.	
(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 a agent and/or the new registered office address here:	iddress on our records, <u>ent</u>	er the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	ress	
	Florida		
N. B. C. J. C. C. C. T. J. D. C. C. L. C.	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is	

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 addeor removed from our records:

· MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Zulie Rego	6943 W 15Th Ave Hialeah, FL 33014	■Add
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`ffective date if other than t	ne date of filing:			(antio	nal)	
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not mee	et the applicable	ate of filing or more estatutory filing re	than 90 days after t equirements, this	iling.) Pursuant to 6 date will not be li	05.0207 (isted as t
record specifies a delayed effec d is filed.	ive date, but not an	i effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day af	ter the
a is mea.						
		2022 				
05/10			Sufferesentative of			