L2200116588

(Requ	estor's Name)	
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(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name	
(Docu	ment Number)	
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Certified Copies	Certificates of	of Status
Special Instructions to Fili	ing Officer:	
J. HORNE APR 1 1 2024		
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Office Use Only



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04/02/24--01018--013 ++25.00



COVER LETTER

TO: Registration Section Division of Corporations

ŞUBJEGT:	Name of Lir	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LEYLA MENKE-MUHL	ETALER	
		Name of Person	
		Firm/Company	
	17388 BOCA CLUB BLV	D.	
		Address	
	BOCA RATON, FL 3348	7	
		City/State and Zip Code	, <u>.</u>
	cmuhletaler@yahoo.com		
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
LEYLA MENKE-MUH		561 213-0748 at ()	
Name o	of Person	Area Code Dayı	ime Telephone Number
Enclosed is a check for the	he 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 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

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

FILED

LA VITA E BELLA PHOTOGRAPHY LLC	2024 APR -2 PM 4: 45
(Name of the Limited Liability Compa (A Florida Limited I	2024 APR -2 PM 4: 45 ny as it now appears on our records.) Liability Company) SECRETARY OF STATE ALL MASSEE TOWN.
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/07/2022}{03/07/2022}$ and assigned
Florida document number L22000116588	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
MY TRAVELING EYE PHOTOGRAPHY LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
D. If amonding the registered want and/on anistand access	Albania de la constanta de la
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	udress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rowided for in Chapter 605, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		□Change	
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Effective date if o	ther than the date of filing: (opti	anal)
(If an effective date is lis Note: If the date ins	ted, the date must be specific and cannot be prior to date of filing or more than 90 days after erted in this block does not meet the applicable statutory filing requirements, this date on the Department of State's records.	filing.) Pursuant to 605.0207 (3)(
he record specifies a d ord is filed.	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	The 90th day after the
Dated 2/15	2024 Polity of	
	Signature of a nachiber or authorized representative of a member	
	Signature of a number of authorized representative of a member	
1 12371 4 4	MENKE-MUHLETALER	