422000145392

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COVER LETTER

TO:	Registration Se Division of Co	ection rporations	• •		
4110.154	African Im	iages LIC		. •	
SUBJEC	,1: <u> </u>	Name of Lim	ited Liability Company	· -	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Fabrizio Lengua			
			Name of Person		
		ZenBusiness INC.			
			Firm/Company		
		336 F. College Ave., Ste 30			
			·		
		Tallahassee, FL 32301		22	
			City/State and Zip Code	22 AUG 11 AM 6: 58	
		fulfillment@zenbusiness.co			
			to be used for future annual report notification)	co _i	
For furth	er information of	concerning this matter, please c	all:	⊙	
Fabrizio	Lengua		512 237-7349 at ()	6: 58	
_	Name o	of Person	Area Code Daytime Telepho	one Number	
Enclosed	l is a check for t	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 Addre Registration		Street Address: Registration Section		
	Division of C	Corporations	Division of Corporation		
	P.O. Box 637	77	The Centre of Tallahas	isce	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

African Images LLC		
(<u>Name of the Limited Liabi</u> (A Florid	dity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 2022-03-24	and assigned
Florida document number L22000145392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company." the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		22 AUG
		¥U6
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	-	A (5)
		9
		<u>ن</u> چ
B. If amending the registered agent and/or register agent and/or the new registered office address here:		e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
 -	City	Zip Code

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
MGR	ROSS E PARKER		🎞 Add
		920 NE 13TH ST FORT LAUDERDALE, FL 33304	I ■Remove
 -			□Add
			□Remove
			200 AUG 44 ARC6
	 		
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Page 2 of 3

		
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ote: If the date inserted in t	the date of filing: te must be specific and cannot be prior to date of filing or make the block does not meet the applicable statutory filing the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 605,020 ng requirements, this date will not be listed a
e record specifies a de The 90th day after the	ayed effective date, but not an effective to record is filed.	time, at 12:01 a.m. on the earlier o
8/4 ated	2022	
	/s/ Ross Edward Par	ker
	/3/ IXO35 Lawara rai	KCI

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