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COVER LETTER

TO: Registration Se Division of Co			
CIID ID CO	ography, LLC		
SUBJECT:	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Jacckel		
		Name of Person	
	J Rae Photography		
		Firm/Company	
	3028 W Van Buren Dr		
		Address	
	Tampa, FL., 33611		
		City/State and Zip Code	
	jessicarae@jraephotograph		
For further information of	concerning this matter, please c	to be used for future annual report no all:	uncauon)
Jessica Jaeckel		813 951-8208	
Name o	of Person	Area Code Dayti	me 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 Addres		Street Address:	aatiaa
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, i	rl 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 JUN -7 AM 11:08

J Rae Photography LLC	S	EUNERLAND
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our re- limited Liability Company)	AMASSEE, FL
The Articles of Organization for this Limited Liability Cor		
Florida document number 1.22000158789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "	"L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(222)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street aa	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	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	Jessica Jaeckel	3028 W Van Buren Dr Tampa FL 33611	🗃 Add
			□Remove
		<u></u>	□Change
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fan ef <mark>Note:</mark>	tive date, if other the Tective date is listed, the If the date inserted in nent's effective date o	date must be sper n this block doc	cific and cannot t es not meet the	applicable statu	filing or more than alory filing requi	(option 90 days after firements, this d	line \Pursi	ant to 60 ot be lis	05,0207 sted as
recor	rd specifies a delayed iled.	effective date.	but not an effec	ctive time, at 12	2:01 a.m. on the c	earlier of: (b)	The 90th	day aft	er the
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		Signatu	re of a member of	or authorized repr	esentative of a me	mber			