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## **COVER LETTER**

ALESSANDRO FANGUELLA 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: ALESSANDRO FANGHELLA Name of Person ALESSANDRO FANGHELLA PHOTOGRAPHY LLC Firm/Company 4288 NW 1ST DR Address DEERFIELD BEACH, FL 33442 City/State and Zip Code Santosseguros@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALESSANDRO FANGHELLA 4309012 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. □ \$25.00 Filing Fee **\$30.00** Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

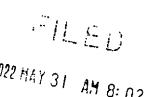
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: "

Registration Section
Division of Corporations

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



ALESSANDRO FANGUELLA PHOTOGRAPHY LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability C	Company were filed on 04/13/2022	and assigned
Florida document number L22000177397		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
ALESSANDRO FANGHELLA PHOTOGRAPHY LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:		
Name of New Registered Agent.		<del>,</del>
New Registered Office Address:	Enter Florida street addre:	xv
	. <b>F</b> I	orida
	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 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	ALESSANDRO FANGHELLA	4288 NW 1ST DRIVE	
		DEERFIELD BEACH, FL 33442	_
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Effective date, if other than	the date of filing:	(optior	nal)
f an effective date is listed, the date Note: If the date inserted in th	must be specific and cannot be prior to	(option of date of filing or more than 90 days after filing the statutory filing requirements, this of	ling.) Pursuant to 605.0207 (
	ne Department of State's records.	ore managery many requirements, and	
e record specifies a delayed efford is filed.	ective date, but not an effective tim	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated MAY 25	. 2022		
	Signature of a member or author	Fanahella ized representative of a member	
	-	•	

Filing Fee: \$25.00