

L22 000 195 091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

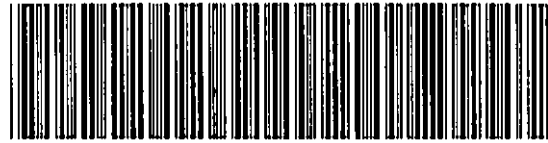
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2023 JAN -9 PM 2:21

ALLIANCE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2022

SANDRELL WILLIAMS
5573 ARLINGTON RIVER DRIVE
LAKELAND, FL 33811

SUBJECT: ALLDAYSEVEN PHOTOGRAPHY LLC
Ref. Number: L22000195091

FILED
2023 JAN -9 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL

We have received your document for ALLDAYSEVEN PHOTOGRAPHY LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 322A00026863

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2022 JAN -9 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FL

*Thank you,
Sandrell Williams*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allday Seven Photography LLC
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:

Sandra Williams
Name of Person

Alldayseven Photography LLC
Firm/Company

5573 Attention River Drive
Address

Tallahassee, FL 32311
City/State and Zip Code

Sandra Styles@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Sandra Williams at (863) 221-9502
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Alldayseven Photography LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/25/2022 and assigned Florida document number 122600195091.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Posh Visions LLC
The new name must be distinguishable and contain the words "Limited Liability 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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

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CLERK OF CIRCUIT COURT
HALL COUNTY, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

Enter Florida street address

NA

Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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S. POLYMER INSTITUTE
STATE OF FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DEPT. OF STATE
FALLASSIST.CL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 13th 2022



Signature of a member or authorized representative of a member

Sandra Williams

Typed or printed name of signee