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c/ 8/27/2022

COVER LETTER

TO:

Tallahassee, FL 32314

то:	Registration Sec Division of Corp					
cup ir	FOTO POSE PLUS, LLC					
SUBJEC	ÜΙ:	Name of Limi	ited Liability Company			
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		EDDY FERNANDEZ RIV	'AS			
			Name of Person			
		FOTO POSE PLUS, LLC				
			Firm/Company			
		6010 NW 99 AVE SUITE	107			
			Address			
		MIAMI FL 33178				
	City/State and Zip Code					
		READYTAXCORP@GMA				
		E-mail address: (to be used for future annual report notif	neation)		
For furth	her information co	oncerning this matter, please ca	all:			
EDDY	FERNANDEZ R	IVAS	305 4870507			
	Name of	l Person	Area Code Daytime	e Telephone Number		
Enclose	d is a check for th	ne 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 Registration S		Street Address: Registration Sec	etion		
	Division of C	orporations	Division of Cor	porations		
	P.O. Box 632 Tallahassee, I		The Centre of T	'allahassee e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOTO POSE PLUS, LLC

2022 JULI 10 Ali 8: 01

(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 Comp	oany were filed on [05/12/2022	and assigned
Florida document number L22000224379			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
N/A			10111 <u></u>
The new name must be distinguishable and contain the words "Limited I	.iability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6010 NW 99	AVE SUITE 107	
(Principal office address MUST BE A STREET ADDRESS	MIAMI FL 3	MIAMI FL 33178	
		<u> </u>	
Enter new mailing address, if applicable:	6010 NW 99	AVE SUITE 107	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 3	3178	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our	r records, enter the na	me of the new registered
New Registered Office Address: 6010 NW	99 AVE SUITE 107		
New Registered Office Address.	Enter F	lorida street address	
MIAMI		, Florida ²	33178
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance as provided for it	of my duties, and I an n Chapter 605, F.S. O	n familiar with and r, 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARIA CASAS PRIETO	10235 NW 87TH TERRACE	
		DORAL, FL 33178	□ Remove
			Change
			□ ∧dd
			□Remove
			Change
			□Add
			Remove
			Change
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	05/12/2022
(If an offi Note:	e date, if other than the date of filing: (optional) ive 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 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the triangle of the Department of State's records.
he record ord is fil	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
Dated	AY 27 2022
Dated	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00