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| (Requestor's Name)                      |
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| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration Se<br>Division of Cor |  |   |   |
|--|--|---|---|
| Jackie Krar SUBJECT:                   | ner Photography Fine Art, LLC                |   | •   |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | Kelly Rossberg                               |   |   |
|  |  | Name of Person  |   |
|  | Jackie Kramer Fine Art. L.                   | LC  |   |
|  | · · ·  | Firm/Company  | <del></del>   |
|  | 4791 Europa Dr.                              |   |   |
|  |  | Address   |   |
|  | Naples, FL 34105                             |   |   |
|  |  | City/State and Zip Code   |   |
|  | northerndesigns22@hotmai                     |   | · .   |
|  |  | to be used for future annual report notifica                        | ition)  |
| For further information c              | oncerning this matter, please co             | all:  | 2027  |
| Kelly Rossberg                         |  | 907 317-6223<br>at ( )  | Clephone Number 31: 2   |
| Name o                                 | f Person                                     |   |   |
| Enclosed is a check for the            | ne following amount:                         |   |   |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Cortificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S          |  | Street Address:<br>Registration Secti                               | on  |
| Division of C                          | corporations                                 | Division of Corpo   | rations   |
| P.O. Box 632                           | 27   | The Centre of Tal   | lahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jackie Kramer Photography Fine Art, 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 June 10, 2022 and assigned Florida document number L22000266078 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jackie Kramer Fine Art, 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) 4791 Europa Dr. Enter new mailing address, if applicable: Naples, FL 34105 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address                             | Type of Action   |
|--------------|------|-------------------------------------|------------------|
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| Jacqueline Kramer  |  |              |
|--|--|--------------|
| 6717 Hidden Creek Blvd.  |  |              |
| St. Augustine, FL 32086 USA  |  |              |
| USA  |  |              |
| Kelly Rossberg   |  | _            |
| 4791 Europa Dr.  |  |              |
| Naples, FL 34105   |  |              |
| USA  |  |              |
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| effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing:  If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records. | (optional) g or more than 90 days after filing.) Pursuant to 60; y filing requirements, this date will not be list | i,02<br>.ed  |
| ord specifies a delayed effective date, but not an effective time, at 12:01 filed.   | a.m. on the earlier of: (b) The 90th day after   | r tł         |
| d June 14 2022   |  |              |

Typed or printed name of signee