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## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	<del>-</del>		
SOBJEC1:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Maria Teresa Caballero		
		Name of Person	
	Miami Photo Printing LLC	:	
	Maria Teresa Caballero  Name of Person  Miami Photo Printing LLC  Firm/Company  8920 NW 8 Street Suite 416  Address  Miami FL 33172  City/State and Zip Code info@miamiphotoprinting.com  E-mail address: (to be used for future annual report notification)  rmation concerning this matter, please call: aballero  786  Area Code  Daytime Telephone Number  eck for the following amount: ag Fee  S50.00 Filing Fee & S60.00 Filing Fee & Certificate of Secretified Copy (additional copy senckeed)  Certified Copy  Certified Copy		
	8920 NW 8 Street Suite 41	6	
Name of Limited L  The enclosed Articles of Amendment and fee(s) are submittee Please return all correspondence concerning this matter to the Maria Teresa Caballero  Miami Photo Printing LLC  8920 NW 8 Street Suite 416  Miami Ft. 33172  Cit info@miamiphotoprinting.com  E-mail address: (to be:  For further information concerning this matter, please call:  Maria Teresa Caballero  Name of Person  Enclosed is a check for the following amount:  \$\Begin{align*} \text{S25.00 Filing Fee} \text{\$\Begin{align*} \text{S30.00 Filing Fee} \text{\Begin{align*} \text{S30.00 Filing Fee} \text{\$\Begin{align*} \text{S30.00 Filing Fee} \text{\$\Begin{align*} \text{S30.00 Filing Fee} \text{\text{S30.00 Filing Fee} \text{\text{S40.00 Filing Fee} \text{\text{S40.00 Filing Fee} \text{\text{S40.00 Filing Fee} \text{S40.00		Address	
	Miami FI, 33172		
	info@miamiphotoprinting.c		
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Maria Teresa Caballero			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Miami Photo Printing LLC

2022 AUG -4 PM 4: 13

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on o Liability Company)	TALLAHASSE STATE
The Articles of Organization for this Limited Liability Company  [L2200027011]  [Lack Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for the O	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		<del>-</del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ls, <u>enter the name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address -
		, 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 argending 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
AMBR	Maria Teresa Caballero	8920 NW 8 Street Suite 416 Miami Fl. 33172	<b>≣</b> Add
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