## h22000274398

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	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	_
(Document Number)		
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2022 JUN 24 PM 5: 13

A. BUTLER SEP 1 6 2022

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Damon Hig	gins Photography LLC		<b>.</b>
SUBJECT:			ited Liability Company	, <u> </u>
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Damon Higgins		
			Name of Person	
		Damon Higgins Photograp	ohy LLC	
			Firm/Company	
		5430 Rivermill Lane		
			Address	<del></del>
		Lake Worth FL 33463		
			City/State and Zip Code	
		info@damonhiggins.com		
			to be used for future annual report noti	fication)
For further in	formation co	oncerning this matter, please ca	all:	
Damon Higg	gins		561 7234309 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≡ \$</b> 25.00 F	iling Fec	☐ \$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)

.

Registration Section

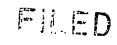
TO:

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



Damon Higgins Photography LLC

2022 JUN 24 PM 5: 13

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records) OF STATE ed Liability Company IALL/11/235E, F
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000274398</u> .	ny were filed on 06/16/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ee address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del>-</del>	, Florida
New Registered Agent's Signature, if changing Registered Ager	,
	gree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, 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>	Name	Address	Type of Action
AMBR	Damon Higgins	5430 Rivermill Lane	<b>=</b> Add
		Lake Worth, FL 33463	
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		<del></del>	🗖 Add
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			🗖 Add
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			□Change

	tion, enter change(s) here: (Attach	,,,,
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	the specific and cannot be prior to date of fill ock does not meet the applicable statutor	(optional) ing or more than 90 days after filing.) Pursuant to 605.0207 ( ry filing requirements, this date will not be listed as t
ne record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after the
Dated	. 2022	
	Claudia Higgins Signature of a member or authorized represe	entative of a member
Claudia Higgins	Typed or printed name of si	

Filing Fee: \$25.00