Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate ano	ther cover sheet.	
fo:			H.S.
	Division of Corporations		SS.
	Fax Number : (859)617-6383		
From:			77.
	Account Name : POWELL, JACKMAN	I, STEVENS & RICCIARI	DI, P.A.
	Account Number : I20170000034 Phone : (239)689-1096		·
ani	Fax Number : (239)791-8132  the email address for this busines nual report mailings. Enter only continued to the control of th		
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C. BRUMBLEY

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

	Registration S Division of Co					
CHO IDO		TYLER PHOTOGRAPHY, LL	c			
SUBJEC	.1:	Name of Limi	ted Liability Company			
The encle	osed Articles o	f Amendment and fec(s) are sub-	nitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		REAGAN WILLIAMS				
			Name of Person			
			Firm/Company			
		3957 POMADARO CIRCI	JE 8-301			
		Address				
		CAPE CORAL FL 333909				
		V	City/State and Zip Code	·····		
		LEGAL@YOUR-ADVOCA				
		·	o be used for future annual report t	notification)		
For furth	er information	concerning this matter, please co	H:			
REAGA	N WILLIAMS		239			
	Name	of Person	Area Code Day	time Telephone Number		
Enclosed	is a check for	the following amount:				
<b>□ \$2</b> 5.8	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Cl \$60.00 Filling Fcc, Certificate of Status & Certified Copy (additional cupy is enclosed)		
	<u>Mailing Addre</u> Registration		Street Address Registration			
	Division of t	Cornorations	Division of C	Corporations		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FI. 32314

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

REAGAN TYLER PHOTOGRAPHY, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) Ed Lubility Company)	
The Articles of Organization for this Limited Liability Comparition for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition of the Articles of Organization for this Limited Liability Comparition for the Liability Comparitio	ny were filed on 06/17/2022	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 Lie	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)		
		<b>三大</b>
Enter new mailing address, if applicable:		85.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
***************************************	, Flori	da
	City	Zip Çode
New Registered Agent's Signature, if changing Registered Agen	$\overline{m}$	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	tte performance of my duties, and its provided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
If C	hanging Registered Agent, Signature of N	ew 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>	Address	Type of Action
AMBR	ALEJANDRO PENA	3957 POMADARO CIRCLE 8-301	<b>≌</b> ∧dd
		CAPE CORAL, FL 33909	□Remove
			Clunge
			□Add
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	NAME OF THE OWNER OWNER OF THE OWNER OWN
<u> </u>	
*****	
Effective date, if other than the da	ate of filing: (optional)
If an effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 605,026 k does not meet the applicable statutory filing requirements, this date will not be listed a
record specifies a delayed effective d d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBERHO	2022
Dated Officering (	·
1011	
	gnature of a member or authorized representative of a member
REAGAN WILLIAMS	Typed or printed name of signee

Filing Fee: \$25.00