

h22000351401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

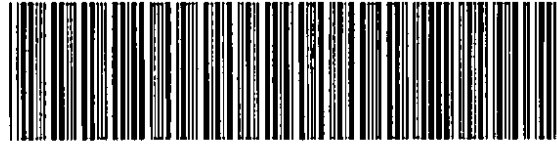
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPARTMENT OF COMMERCE

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SECRETARY OF STATE
TALLAHASSEE, FL

Tax Professional Services, LLC

A Financial Services Corporation

1105 W Maple Ave

Geneva, AL 36340

334-684-6398

334-684-7193 -fax

www.taxprollc.com

Members: National Society of Accountants, National Association of Enrolled Agents, National Society of Tax Professionals, American Society of Problem Solvers

September 08, 2022

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL. 32314

To Whom It May Concern,

Enclosed you will find original and one copy of the Articles of Amendment, check for payment and a self-addressed & stamped envelope.

Please register the enclosed Articles of Amendment for 4E Photography, LLC and return to us in self-addressed envelope provided Cert#: 7020 1290 0002 0274 8176.

Thank you,

Candace Pollard

Tax Professional Services, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4E Photography, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Candace Pollard

Name of Person

Tax Professional Services

Firm/Company

1105 W Maple Ave

Address

Geneva, AL 36340

City/State and Zip Code

candace.pollard@taxprollc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Candace Pollard

334

684-6398

at ()

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the 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 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**

4E Photography, 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 8/9/2022 and assigned
Florida document number L22000351401.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

Enter new mailing address, if applicable:

(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

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	Christian C Elmore	181 Cassidy Road	<input type="checkbox"/> Add
		Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kaley H Embry	181 Cassidy Road	<input checked="" type="checkbox"/> Add
		Laurel Hill, FL 32567	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 7, 2022

Signature of a member or authorized

Signature of a member or authorized representative of a member

William W Embry

Typed or printed name of signee